

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

ORIGINAL

STEPHANIE LYNN FORD)

Plaintiff,)

Civil Action No. 06-301 (JJF)

Civil Action No. 06-458 (JJF)

v.)

Jury Trial Demand

CHRISTIANA CARE HEALTH)
SYSTEMS, RICHARD BURTON, and)
CLARA CLARK,)

Defendants.

REC'D MAR 28 AM 10:13
U.S. DISTRICT COURT
CLERK'S OFFICE OF DELAWARE

SS

Plaintiff's Response Thereto, March 18, 2008 ORDER, Defendants Motion to Consolidate Civil Action with Civil Action Nos. 06-301 and 06-458, and Assigned to the Honorable Mary Pat Thyng.

I the Plaintiff am Requesting , For Judge Joseph J. Farnan Jr., To Be Reassigned To Case Nos. 06-301 and 06-458, Effectively Immediately.

I the Plaintiff am Requesting Respectfully that The Honorable Mary Pat Thyng To Be Removed From Presiding Over Civil Action Nos. 06-301 and 06-458.

I the Plaintiff am Requesting that Civil Actions Nos. 06-301 and 06-458 To Be Handle and Filed as Two Separate Cases.

1. Plaintiff, Stephanie Lynn Ford resides at 19 Albany Ave. Newcastle, Delaware 19720.
2. Defendants, Christiana Care Health Systems resides at, or its business is located at 200 Hygeia, Drive Newark, Delaware 19713.
3. I the Plaintiff had been working at Christiana Care Health Systems for 17 years, from August 24, 1987 To October 27, 2003. On October 27, 2003 I was in a accident by a Hit & Run driver, my injuries are Cervical Thoracic Lumbosacral Strain , S/P R sided Rib Trauma, Bilateral Hamstring Strain, R shoulder Arm and Forearm Strain, R Upper Quadrant Lump, right rib, surgery date not known at this time.

As a result, I the Plaintiff Stephanie Lynn Ford was wrongfully removed from Christiana Care Health Systems Payroll. Refused to be rehire for employment, wrongfully terminated Pension Benefits and Retiree Benefits, wrongfully terminated \$75,000 Life Insurance Policy , terminated all Medical Benefits, and terminated and Denied Long

Term Disability Benefits.

4. I the Plaintiff Stephanie Lynn Ford am requesting that Judge Joseph J. Farnan Jr. to be reassigned to these cases,

I seeking justice in all theses cases, I have been Discriminated against in its Highest Form, and I Demand A Jury Trial.

5. I the Plaintiff Stephanie Lynn Ford am requesting Respectfully that the Honorable Mary Pat Thynge to be removed from presiding over civil action 06-301 and 06-458 and all the other pending cases effective immediately. I honest believe that the Honorable Mary Pat Thynge is qualified, capable, and able to bring all cases to a resolution, However, The Honorable Mary Pat Thynge has continuesly in prior motions allowed Misconduct from counsel, which is unethical. I the plaintiff Stephanie Lynn Ford am requesting that Judge Joseph J. Farnan Jr. to reconsider and accept the cases 06-301 and 06-458 and all the other pending cases, For the listed following reasons.

Reason # 1

On the December 13, 2006, Plaintiff's Motion to Compel Against The Defendants For Failure To Produce Documents, The Attorney Ms. Kendra L. Baisinger , Morgan, Lewis & Bockius LLP, 1701 Market Street Philadelphia , PA. 19103-2921. Representing Christiana Care Health Systems, Richard Burton, and Clara Clark failed to produce all of the necessary documents pertaining to the Plaintiff's Pension and Retiree Benefits. I the Plaintiff have only received 1 piece of paper pertaining to the Pension Information. Please see attached DO197 page 15 of the March 9, 2007 motion. Plaintiff's Response To Defendants Summary Judgment With Attached Medical Records.

Reason # 2

On the December 13, 2006, Plaintiff's Motion to Compel Against The Defendants For Failure To Produce Documents, In Document # 4 I the Plaintiff asked the defendants to Please produce all information pertaining to my Life Insurance Policy. The defendants refuse to forward me the information pertaining to the plaintiff's Life Insurance Policy . I have also enclosed the misprinted Beneficiary Designation Life Insurance / Personal Accident Insurance Form, which I received from Morris, James, Hitchen & Williams / Morgan , Lewis & Bockius LLP. / Kendra L. Baisinger. I have also filed a motion to compel against Unum Life Insurance Company Of America for failing to produce the Life Insurance Policy along with three other documents, which I requested from Unum back in May 16,2006 at 8:33am. I the plaintiff asked this Honorable Court to apply the Law for their action in failing to produce the documents that I have requested. The defendants only sent me 2 sheets of paper, bates labeled D0011 Beneficiary Designation Life Insurance / Personal Accident Insurance, with the Plaintiff's name spelled incorrectly and page 2 bates labeled D0012 Beneficiary Designation form, there is only one check mark on the paper. I have enclosed a copy for the Court Records. I asked this Honorable Court to apply the Law to the defendants actions. Please see pages 16 and 17 of the Plaintiff's Motion To Compel Against The Defendants For Failure To Produce Documents.

Reason # 3

On December 13, 2006, I the Plaintiff Stephanie Lynn Ford had met with attorney Ms. Kendra L. Baisinger at her office for an deposition. Ms. Baisinger failed to allow me to review or sign the deposition , when it became available. And there were numerous segments removed from the deposition. On December 20, 2006 Ms Baisinger forward me the Wilcox & Fetzer LTD Professional Court Reporters forms for me to make any changes and or corrections. How can I the Plaintiff make any changes or corrections to the deposition? When the attorneys failed to allow me to review or sign the deposition. Please see pages 3 and 4 of the Plaintiff's Response To Defendants Summary Judgment With Attached Medical Records Dated March 9, 2007.

Reason # 4

On February 13, 2007 Attorney, Mr. David H. Williams, Morris James LLP. 500 Delaware Avenue Suite 1500 P.O. Box 2306 Wilmington, Delaware 19899/ Representing Defendants, Christiana Care Health Systems, Richard Burton and Clara Clark, Use the same deposition in his summary judgment dated February 13, 2007, With out the Plaintiff reviewing or signing the deposition. For someone , to take out segments of the deposition, I the Plaintiff find this to be disturbing, unethical and illegal.

I the Plaintiff Stephanie Lynn Ford am requesting that Judge Joseph J. Farnan Jr. to Preside over Civil Action Nos. 06-301 and 06-458 and all the other pending cases effective immediately.

I the Plaintiff Stephanie Lynn Ford am requesting that Civil Action Nos. 06-301 and 06-458 to be Handle and Filed Separate, these charges have been committed separately, and I prefer that they be prosecuted separately. I the Plaintiff demand a jury trial to seek justice.

I the Plaintiff can be reached at (302) 658-6740 to discuss this matter further.

Sincerely,

Stephanie Ford 3/28/08

CC: Honorable Mary Pat Thyng
Mr. James H. McMackin III
Mr. David H. Williams
PF

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

ORIGINAL

STEPHANIE LYNN FORD,)
Plaintiff,) CIVIL ACTION NO. 06-301(***)
V.) JURY TRIAL
CHRISTIANA CARE HEALTH)
SYSTEMS, RICHARD BURTON, AND)
CLARA CLARK)
Defendants.)

Plaintiffs' Interrogatory Motion Against The Defendants, Christiana Care Health Systems, Richard Burton , and Clara Clark.

1. Plaintiff, Stephanie Lynn Ford, resides at 19 Albany Ave. Newcastle, Delaware 19720
 2. Defendants, Christiana Care Health Systems, Richard Burton, and Clara Clark, / ATTORNEYS FOR THE DEFENDANTS, David H. Williams (#616) , James H. McMackin (#4284), MORRIS JAMES LLP. , 500 Delaware Avenue , Suite 1500 P.O. Box 2306 Wilmington, Delaware 19899, MICHAEL J. OSSIP, THOMAS S. BLOOM, MORGAN, LEWIS & BOCKIUS LLP., 1701 Market Street Philadelphia, PA. 19103.

INTERROGATORIES:

3. I the Plaintiff, Stephanie Lynn Ford have filed 2 Motion To Compel to obtain these documents from the defendants.
 4. Why was the Plaintiff's employment terminated at Christiana Care Health Systems?
 5. Why did Mrs. Sharon PeitLock and Mrs. Edith Green-Crews terminate the plaintiff's employment?
 6. Why are the Annual Pension Payments are not being paid to the Plaintiff's Pension Fund? Please attach the reason, the payments were stop being made to the Pension Fund to answer this interrogatory.
 7. Who is the person or persons that terminated the plaintiff's Pension Fund? Please forward the names and dates, and attached a copy of the original Pension Fund to answer this interrogatory.
 8. For what reason, was the plaintiff's Annual Pension Payments Terminated?

1

14 TOTAL
pages

2008 MAR 28 AM 10:14

55

9. Why was the plaintiff's Medical Benefits Terminated? Please forward a copy of the original copy to the plaintiff to answer this interrogatory.
10. Who is responsible for terminating the plaintiff's Medical Benefits? Please forward a copy of the original copy to the plaintiff to answer this interrogatory.
11. Why was the plaintiff's \$75,000 Life Insurance Policy cancelled? Please forward a copy of the original copy to the plaintiff to answer this interrogatory.
12. Who cancelled the plaintiff's \$ 75,000 Life Insurance Policy ? Please forward me a copy of the original copy of the names and date the policy was cancelled.
13. What cause the defendants to cancel the Life Insurance Policy? Please forward me a copy of the original copy that the defendants based there decision upon.
14. Who is the person or persons that filed the subpoena to obtain the \$ 75,000 life Insurance policy, from Unum Life Insurance Company Of America ? Please forward me a copy of the original subpoena and the court it was filed in.
15. Why was the Plaintiff's Long-Term Disability Insurance Terminated? Please forward me a copy of the long-term disability original copy to answer the interrogatory.
16. Who is person or persons that terminated the plaintiff's Long-Term Disability Insurance? Please forward me the names and dates the Insurance Policy was terminated . Please send me a copy of the original copy to answer this interrogatory.
17. Why was the Plaintiff's Retiree Benefits terminated ? Please attach a copy of the original copies Retiree termination form to answer this interrogatory.
18. Who were the person or persons that terminated the Plaintiff's Retiree Benefits? Please provide the names and dates the Retiree Benefits were terminated. Please forward me a copy of the original copy to answer this interrogatory.
19. Why was the Plaintiff's not rehired in a position at the Christiana Care? Please forward me a copy of the original copy as to why the Plaintiff did not get rehired in a position.
20. Why did Mr. Richard Burton refuse to rehire the Plaintiff in a position at the Christiana Care Health Systems? Please provide a copy of the original copy of his conclusion to not rehire the Plaintiff to answer this interrogatory.

(2)

21. Why was the Plaintiff's Personal Accident Insurance Terminated? Please forward a copy of the original copy , the reason the personal accident was terminated.

22. Who are the person or persons that terminated the Personal Accident Insurance? Please provide the names and date the Personal Accident Insurance was Terminated, by forwarding me a copy of the original copy to answer this interrogatory.

23. Why was the Plaintiff's Dental Insurance Terminated? Please forward me copy of the original copy, the reason the Dental Insurance was Terminated.

24. Who are the person or persons that terminated the Plaintiff's Dental Insurance Benefits? Please forward me copy of the original copy the reason the Dental Insurance Benefits were terminated.

25. Why didn't the Plaintiff get rehired in any of the 29 jobs , from May 21, 2004 To July 2, 2004? Please show cause why the Plaintiff did not get rehired during these dates.

26. Who are person or persons that refuse to rehire the Plaintiff during May 21, 2004 To July 2, 2004? Please show cause why the Plaintiff was not rehired at Christiana Care, by forwarding me a copy of the original copy decision to answer this interrogatory.

I the Plaintiff Stephanie Lynn Ford have attached the 29 jobs Intensive Job Search Log Sheets, Employee Termination Form D0195 and the Pension Information D0197.

Please note that the Termination Form D0195 and the Pension Information D0197 were sent to me by Mrs. Kendra L. Baisinger, Esq. Morgan, Lewis & Bockius LLP. 1701 Market Street , Philadelphia, PA 19103.

I the Plaintiff, Stephanie Lynn Ford ask this Honorable Court to Grant the Plaintiff's Complaint.

Sincerely,

Stephanie L. Ford 3/13/07
Stephanie L. Ford 3-13-07

(3)

Paul, Elaine

1987

From: FWZBXQ0@christianacare.org
Sent: Friday, April 23, 2004 2:06 PM
To: FormHRCCHSHRPemp@christianacare.org
Cc: FWZBXQ0@christianacare.org; vleiner@christianacare.org
Subject: FORD, STEPHANIE - TERMINATION FORM

The following information was submitted from an INet Form called TERMINATION FORM by Green-Crews, Edith.

Employment Assignment: - FormHRCCHSHRPemp@christianacare.org
***Employee Name:** - FORD, STEPHANIE
***Employee SSN#:** - 222565931
***Cost Center:** - 26541
***Last Day Worked:** - 10/27/03 ✓
***Term Effective Date:** - 04/13/04 ✓
***Eligible for Unused PTO Hrs:** - Yes ✓
***Would You ReEmploy:** - Yes ✓
Voluntary Reason Code: - 100, unable to Return from Medical LOA
Involuntary Reason Code: - None
Comments: - EMPLOYEE HAS EXHAUSTED HER 24 WK LEAVE PERIOD.

***Approval:** - PEITLOCK, SHARON
Date Completed: - 4/23/2004
Completed By: - Green-Crews, Edith

Date Sent: 4/23/04
Time Sent: 2:06:05 PM

(4)
1 (14)

D0195

VMLP/MJ/04
a.1

PENSION INFORMATION

DATE NOVEMBER 14, 2006

NAME OF PENSIONER: STEPHANIE FORD
SOCIAL SECURITY NO: 222-56-5931
DATE OF BIRTH: 02/16/1962 POSITION: CLERK III
DEPARTMENT/DIVISION: X-RAY - WILMINGTON
EMPLOYMENT DATE: 08/24/1987
SEVERANCE FROM SERVICE DATE: 04/13/2004
RETIREMENT DATE: 03/01/2027
TYPE OF RETIREMENT: TERMINATED VESTED
DATE PAYMENTS COMMENCE: 03/01/2027
PARTICIPATION DATE: 07 MOS 24 DAYS PT
CREDITED SERVICE: 15 YRS 11 MOS 25 DAYS PT (.16267)
FINAL AVERAGE EARNINGS (Monthly) \$2127.14
SETTLEMENT OPTION: -----
ANNUAL AMOUNT: \$4671.24
MONTHLY INCOME: \$389.27
AGE AT TERMINATION: 42 YRS 01 MOS 27 DAYS
NRD: 03/01/2027

(5)

(15)

D0197

Week _____

Stephanie Jard
5/18/04 to 5/21/04

INTENSIVE JOB SEARCH LOG

Please & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal or newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Document 78 Filed 03/28/2008 Page 10 of 84
Job Title Telephone #/Fax #
Out Team Coordinator / Mrs. Burton 428-5746 (Christiana Care Hospital) application

04 Visit Clerk 1 (302) 428-5746 / Christiana Care Hospital / completed application

04 Patient Information Rep. / (302) 428-5746 / Christiana Care Hospital / completed application
04 Patient Care Technician / (302) 428-5746 / Christiana Care Hospital / completed application

04 Sales Processing Clerk / (302) 428-5746 / Christiana Care Hospital / completed application

Name Stephanie Grade 3rd

Week 114

Page 11 of 84

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal, copy of newspaper ad, e-mail address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Dates 5/24/04 to 5/28/04

INTENSIVE JOB SEARCH LOG

Filed 03/28/2008

Notes My Job Person is Mr. Rick Burton (302) 428-5744
5/23/01 Unit Clerk (302) 428-5744 Christiane Knapp / Burton / Complete
Files

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Notes
ment
' (now: Bharat).
I thought

301-MPT z Doc

5/23/04 (Myrtice & Personal) (302) 428-3745 / Christiane Steppel / Apple
Notes
101-MPT Doc
5/23/04 Health Records Clerk / (302) 428-5745 / Christiane Steppel / C

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2015-03-01

Page 1206

Notes

Ca

Job Search results verified by : _____ Date: _____

Additional Comments:

Differences

Int. Geophy. Soc.

Name Stephanie Trul Week 114

Dates 3/1/04 to 3/4/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date _____ Job Title _____ Telephone # / Fax # _____ Company/Contact Name _____

3/4/04 OR Tech (302)428-5746/Christiana Care Hospital/Burton Complete Application

Notes _____

3/4/04 Admin. Asst. (302) 428-5746/Christiana Care Hospital/Burton Complete Application

Notes _____

3/4/04 Clerk II (302)428-5746/Christiana Care Hospital/Burton Complete Application

Notes _____

3/4/04 Clerk II (302)428-5746/Christiana Care Hospital/Burton Complete Application

Notes _____

3/4/04 Caseer Development (302) 428-5744/Christiana Care Hospital/Burton Complete Application

Notes _____

3/4/04 Caseer Development (302) 428-5744/Christiana Care Hospital/Burton Complete Application

Notes _____

Case 1:06-cv-00301-MPT

Filed 03/28/2008 Page 12 of 84

Job Search results verified by:

Additional Comments:

Date:

Name Stephanie Stend

Dates 6/1/04 to 6/11/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date Job Title Telephone #/Fax # Company/Contact Name Results

1 6/1/04 Home Health Assistant - (302) 428-5746 Christian Care Hospital Completed application

Notes Interview - 6/9/04 Clerk position Christian Care Hospital, 5c 5th floor.

2 6/1/04 Clerk - (302) 428-5746 - Christian Care Hospital - completed application

Notes

3 6/1/04 Clergyment Assistant - (302) 428-5746 - Christian Care Hospital Completed application

Notes

4 6/1/04 Clergy Services Assistant - (302) 428-5746 - Christian Care Hospital Completed application

Notes

5 6/1/04 Scheduler - (302) 428-5746 - Christian Care Hospital Completed application

Notes

6 6/12/04 Correctional Officer (302) 739-5458 - The Employee Relation Center Completed application

Notes

Case 1:06-cv-00301-MPT
Job Search results verified by:

Date:

Call Delaware Tech College

Additional Comments:

Hope Employment Phlebotomy 6/1/04
Information Session at Delaware Tech
Community Job Fair
August 5, 2004
(302) 830-5209 - 0 m.t. 11:00...
10:00 To 12:00

Name Stephanie Job Ind

Week 01

Dates 6/14/04 to 6/18/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, e-mail address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Case 1:06-cv-00301-MPT Filed 03/28/2008 Page 14 of 84

Date _____ Job Title _____ Telephone #/Fax # _____ Company/Contract Name _____ Results _____

1 6/15/04 Medical Records Clerk (302) 651-4000 A.T. Deport Hospital Completed Application

2 6/15/04 Laundry worker Environmental Services St. Francis Hospital Completed Application

Notes _____

3 6/18/04 Home Health Training Program (302) 428-5746 / ChristianCare Hospital Completed Application

4 6/18/04 Assistant Program (302) 428-5746 / ChristianCare Hospital Completed Application

5 6/18/04 Security Officer (302) 428-5746 / ChristianCare Hospital Completed Application

Notes _____

6 _____

Notes _____

Job Search results verified by:

Additional Comments:

Date:

Name Shannon, even

INTENSIVE JOB SEARCH LOG

84 Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Ergonomics in Design
Volume 1 Number 1
March 1993

ge 1

Page

Filed 03/28/2008

MPT Document 78

Case 1:06-cv-00301-MPT

ase research results verified by:

Additional Comments

1:06 ev-00
This reserved phone call - Mrs. John Judy 428-5768 about phone theft. Positive 7/10/66
Christian Hospital

Inc. Stephanie) 4/28/04

to 4/1/04

INTENSIVE JOB SEARCH LOG

provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal or copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Page 16 of 84
Date: _____
Job Title: _____
Telephone // Fax #: _____
Company/Contact Name: _____
Results: _____

Interview - 2/2/04 Clerk position/Christiana Hospital Cancer Center

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Name Stephanie Ford

Week _____ of 4

Dates 7/5/04 to 7/9/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be sax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date	Job Title	Telephone # /Fax #	Company/Contact Name	Results
1 7/7/04	Click	(302) 395-0400	Other services	Completed Approved
Notes 2 7/7/04	Security Officer	Bennett Security Service	Approved	Approved
Notes 3 7/8/04	Security Officer	Allied Security	Completed Approved	Approved
Notes 4 7/8/04	Westaff temp service + Security Officer			
Notes 5 6				
Notes 7				
Notes 8				
Job Search results verified by : Date:				

Job Search results verified by ::

Date _____

SearchEngg.Doc

CERTIFICATE OF SERVICE

THE UNDERSIGNED HEREBY CERTIFIES

THAT COPIES OF THE FOREGOING

WERE CAUSED TO BE SERVED THIS

13, MARCH 2007 UPON THE

FOLLOWING IN THE MANNER INDICATED:

U.S. Certified Mail

MORGAN, LEWIS & BOCKIUS LLP
/James H. McMackin.III
1701 MARKET STREET
PHILADELPHIA , PA 19103-2921,

David H. Williams
Morris James LLP,
500 Delaware Avenue, Suite 1500
P.O. Box 2306
Wilmington, Delaware 19899

14

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF DELAWARE

STEPHANIE LYNN FORD,

CIVIL ACTION NO. 06-301 (***)

Plaintiff,

JURY TRIAL

v.

CHRISTIANA CARE HEALTH
SYSTEMS, RICHARD BURTON, and
CLARA CLARK,

Defendants,

PLAINTIFF'S RESPONSE TO DEFENDANTS' SUMMARY JUDGMENT WITH ATTACHED
MEDICAL RECORDS.

PLAINTIFFS' ANSWER TO DEFENDANT'S SUMMARY JUDGMENT.

I the Plaintiff, STEPHANIE LYNN FORD AM RESPONDING TO THE DEFENDANT'S
SUMMARY JUDGMENT, I HAVE ATTACHED ALL THE NECESSARY MEDICAL RECORDS.

STEPHANIE LYNN FORD

Stephanie L. Ford 3/9/07
19 ALBANY AVE.

NEWCASTLE, DELAWARE 19720

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49 TOTAL
pages

**PLAINTIFF'S SUMMARY JUDGMENT QUESTIONS TO MR. DAVID WILLIAMS, PLEASE
RESPOND TO THESE QUESTIONS AS SOON AS POSSIBLE.**

1. Why are you intentionally withholding the documents, I have requested from you on numerous occasions.
2. Mr. David Williams, How are you able to use the deposition in your summary judgment dated February 13, 2007 , that I have given to Mrs. Kendra L. Baisinger, Esq. On December 13, 2006 , without me even reviewing the deposition or signing the deposition. Because, there are numerous answers to the questions, Mrs. Baisinger asked me that I responded to , that are not mention in the deposition that you forward me, so I consider this deposition dated February 13, 2007 pages A-24 To A-37 inaccurate and illegal. I am forwarding you a copy and a copy for the courts records from WILCOX & FETZER LTD'S paperwork that I have received from Kristina Flynn dated 12-20-06. The transcriber specifically inform me that they would be contacting me within 30 days, to come back in there office and review and sign the deposition. Instead, I received the letter from Kristina Flynn along with the ERRATA SHEET.
3. How, am I able to make any changes or corrections to the deposition that I have not seen.
- 4 Mr. David Williams , please address these issues.

Stephanie L. Ford

Civil Action No. 06-301 (***)

JURY TRIAL

3-9-07

(2)



MAILED/DELIVERED:

10-30-06

FROM: WILCOX & FETZER, LTD.
Professional Court Reporters
1330 King Street
Wilmington, DE 19801
(302) 655-0477/Fax (302) 655-0497

CASE CAPTION: Ford v Christiana Care Health
DEPOSITION TRANSCRIPT OF: Stephanie Lynn Ford

Enclosed is your copy of the deposition identified above, taken on December 13, 2006. Changes or corrections and the reasons therefor must be noted on the attached Errata Sheet, not on the transcript itself. Rule 30 (e) governing this procedure is noted below. As the rule provides, the deposition may be filed as transcribed if it has not been signed within thirty days.

Please return the completed Errata Sheet, signed by the deponent, to our office for insertion into the original and for filing with the court, if required. We will send a photocopy of the signed Errata Sheet to all counsel.

Sincerely,

A handwritten signature in cursive ink that reads 'Kristina Flynn'.

Kristina Flynn
Production Manager

RULE 30 (e)

If requested by the deponent or party before completion of the deposition, the deponent shall have 30 days after being notified by the officer that the transcript or recording is available in which to review the transcript or recording and, if there are changes in form or substance, to sign a statement reciting such changes and the reasons given by the deponent for making them. The officer shall indicate in the certificate prescribed by subdivision (f)(1) whether any review was requested and, if so, shall append any changes made by the deponent during the period allowed.

ATTACH TO DEPOSITION OF: Stephanie Lynn Far

DATE TAKEN: November 13, 2006

IN THE MATTER OF: Ford V Christiana Care Health

ERRATA SHEET

INSTRUCTIONS: After reading the transcript of your deposition, please note any change or correction and the reason therefor on this sheet. Do not make any marks or notations on the transcript itself. Rule 30(e) governing this procedure is enclosed. Please sign and date this errata sheet and return it to our office at the address indicated below. Thank you.

I have read the foregoing transcript of my deposition and, except for any corrections or changes noted above, I hereby subscribe to the transcript as an accurate record of the statements made by me.

DATED: _____

(Signature of Deponent)

RETURN TO: WILCOX AND FETZER, LTD.

1330 King Street
Wilmington, DE 19801

I. STATEMENT OF THE NATURE AND STAGE OF PROCEEDINGS

This case against the Defendants Christiana Care Health Systems, Richard Burton, and Clara Clark Involves a claims for violation of Civil Rights Act Of 1991 Title I , violation of Title V of The Americans with Disabilities Act (ADA) , Title VII of The Civil Rights Act of 1994 , Race Discrimination , Employment Discrimination , violation of The Family Medical Leave Act of 1993 , (FMLA) , violation of The ERISA Act , 29 U.S.C. 1132 , wrongful termination of Plaintiff's Pension Benefits, wrongful termination of Plaintiff's Medical Retiree Pension Benefits, wrongful termination of Plaintiff's \$75,000 Life Insurance Policy , wrongful termination of Plaintiff's Health Insurance Benefits.

II. SUMMARY OF ARGUMENT

The court should grant plaintiff's motion for summary judgment because the claims being raised against Christiana Care Health Systems, Richard Burton, and Clara Clark is actionable. I the plaintiff, Stephanie Lynn Ford had been working at Christiana Care Health Systems the pass 17 years from August 24, 1987 to October 28, 2003, I was involved in a Hit& Run automobile accident on October 28, 2003, my ~~injuries~~ are CERVICAL THORACIC LUMBOSACRAL STRAIN, S/P R SIDED RIB TRAUMA , BILATERAL HAMSTRING STRAIN, R SHOULDER ARM AND FOREARM STRAIN, NECK AND BACK PAIN , On April 12, 2004 , I the Plaintiff, Stephanie Lynn Ford were released by Dr. Ross Ufberg to return to work at Christiana Care Health Systems. On April 13, 2004 I the Plaintiff was cleared for work by the Christiana Care Health Systems Employee Health Nurse and were assigned a job recruiter (defendant Richard Burton) by the Human Resources Department for a job placement. The assigned job recruiter Richard Burton setup an appointment with me for April 16, 2004 , at 2:00 pm. The defendant Richard Burton instructed me to apply on-line via the internet for employment and that my old position in the Radiology Department has been filled. On April 20, 2004 , the Defendant Unum Life Insurance Company Of America in another Civil Action Lawsuit No. 05-118 (KAJ) denied plaintiffs' request for Long Term Disability Benefits. On April 23, 2004, I the plaintiff Stephanie Lynn Ford called the defendant via- telephone Richard Burton in reference to a job placement and he directly told me quote " FIND OTHER EMPLOYMENT AT

(5)

ANOTHER CORPORATION " end quote. I the Plaintiff Stephanie Lynn Ford called the defendant Richard Burton on April 27, 2004 at 9:30 am . No return phone call or response, on April 30, 2004 , no return phone call or response from the defendant Richard Burton. I the Plaintiff, Stephanie Lynn Ford have applied for 29 jobs at the Christiana Care Health Systems from April 12, 2004 to July 2, 2004, Please see attached Intensive Job Search Log Sheets. I the Plaintiff, Stephanie Lynn Ford appealed the Denial Letter from the Defendant Unum Life Insurance Company Of America for Long Term Disability Benefits on April 24, 2004. Defendant, Richard Burton / Professional Job Recruiter / resides at , or its business is located at 200 Hygeia Drive Newark, Delaware 19713 Human Resources Department . Defendant, Unum Life Insurance Company Of America / Steven & Lee / Mr. Walter P. McEvilly Jr. resides at , or its business is located at 1105 North Market Street 7th Floor , Wilmington , Delaware 19801. On May 28, 2004 , I the plaintiff , Stephanie Lynn Ford applied for the position in the Medical Records Department as a Clerk 03 position, I THE PLAINTIFF WANT TO INFORM THE COURT THAT I HAD PREVIOUS WORKED IN THIS SAME POSITION PRIOR FOR 9 YEARS AND WAS REFUSED THIS POSITION BY THE DEFENDANT MRS. CLARA CLARK . Defendant, Clara Clark / Medical Records Supervisor / resides at , or its business is located at 200 Hygeia Drive Newark , Delaware 19713. I the Plaintiff called the Defendant Clara Clark via-telephone and explain my situation to her about the automobile accident, and that I needed a job and wanted to work, Consequently, she refused me the position. On June 28, 2004 , The Defendant, Unum Life Insurance Company Of America sent another letter of Denial for Long Term Disability Benefits

There are many reasons why the Court should grant the Plaintiff, Stephanie Lynn Ford's summary judgment against the defendants Christiana Care Health Systems, Richard Burton and Clara Clark. For one, the defendants refused to rehire the plaintiff after returning to work from sick leave (FMLA). The defendant Richard Burton refused to place the plaintiff in a job position equal to my last pay grade worked or any other open position that were available. Which there were open positions, I the plaintiff , Stephanie Lynn Ford have applied for 29 jobs during this time at Christiana Care Health Systems , and was told by Richard Burton and other job recruiters that I did not qualify for any of the jobs that I applied for, which I find to be unheard of , because I had already worked in the Medical Records Department for 9 years as a perm file clerk , and this very same job was available on April 12, 2004 in fact, I the plaintiff applied for this particular job on May 28, 2004 Please see Health Records Clerk position on the intensive job search log , and the defendants Clara Clark and Richard Burton refuse to rehire me in this position as well. I the plaintiff have worked for the defendant Clara Clark for 9 years in the Medical Records Department. I worked with the defendant Clara Clark from year 1994 to year 2002, and then working about six months in the Radiology Department as a clerk, plaintiff's supervisors were Mrs. Sharon PeitLock and Mrs. Edith Green-Crews. Secondly , the court should grant plaintiff's summary judgment because the defendants wrongfully terminated the plaintiff's pension benefits and retiree medical benefits.

Although, Sharon Peitlock and Edith Green-Crews are not defendants on this motion, however , I the plaintiff Stephanie Lynn Ford am asking this Honorable Court if I am able to file new additional charges against Sharon Peitlock and Edith Green-Crews for illegally terminating the plaintiff's pension benefits and retiree medical benefits. And if so, I the plaintiff would like to file the new charges , Please respond on this matter as soon as possible respectfully. On April 16, 2004 I the plaintiff met with Richard Burton in person at 2:00 pm , The defendant Richard Burton instructed me to apply on-line for employment and that my old position in the Radiology Department has been filled. And I the plaintiff on numerous occasion have tried calling Sharon Peitlock and Edith Green-Crews via-telephone, left phone messages on there voice mail and neither one of them would return my phone calls . What, I the plaintiff don't understand and having a very hard time emotionally and psychologically dealing with is the fact that Sharon Peitlock and Edith Green-Crews both were informed that I the plaintiff Stephanie Lynn Ford was returning to work on the April 12, 2004 , and for them to terminated the pension benefits on April 13, 2004 is just pure race discrimination, at its highest form, because if Richard Burton were AT doing his job properly, if he's aware and able to inform me of my old job has been filled ,than some point or another he ^ has spoken with Sharon Peitlock and Edith Green-Crews and Clara Clark , they terminated the pension benefits on April 13, 2004 and I the plaintiff met with Richard Burton face to face on April 16, 2004 at 2:00 pm for employment and he

new then what they were doing and why he could not give me a job. I have attached the pension forms D0197 and D0195 that I have receive from Kendra L. Baisinger , Esq. Morgan , Lewis & Bockus LLP , 1701 Market Street , Philadelphia, PA 19103. Another reason the court should grant the plaintiff's summary judgment is because the defendant Richard Burton intentionally refused to rehire the plaintiff for employment , wrongfully terminated the plaintiff's \$ 75,000 Life Insurance Policy , wrongfully terminated the plaintiff's medical benefits, dental benefits, long-term disability benefits, and personal accident insurance. The defendant Richard Burton refuse to rehire the plaintiff on April 16, 2004, when I met with him face to face , when in fact legally all of the benefits that I the plaintiff had purchase through the employer Christiana Care Health Systems does not expire until the end of every month. Why wasn't I the plaintiff able to be rehired at Christiana Care Health Systems before any of the benefits expire, because they were paid up to the end of the month. A third reason, the court should grant the plaintiff's summary judgment is because Clara Clark, Sharon Peitlock, Edith Green-Crews and Richard Burton all have worked against me, to not to be working at Christiana Care Health Systems, they have went as far saying to other employees that I the Plaintiff have a body odor , and this was told to me by other employees that Clara Clark was the one telling this to other employees around the hospital, however, Clara Clark failed to inform them that Stephanie Lynn Ford had an emergency hysterectomy due to an excessive bleeding (menstrual cycle can last for as long as 1 to 12 days) while working in the Medical Records under Clara Clark supervision in the year of 1999, she also failed to inform the employees that I didn't receive a get well card until I return back to work in the Medical Records department. This was major surgery and for Clara Clark or any other employee to speak negative about me or my personal hygiene is very very sad, I the plaintiff have never disrespected my co-workers in no way shape or form, I was never raised this way , I am from well respected parents here in this city , and was always taught that if you can't say something nice about someone, don't say anything at all about a person, because you don't know what a person is going through. It is a

Disgrace for anyone to lose there pension and lively hood , because of Clara Clark, Richard Burton , Sharon Peitlock and Edith Green-Crews discriminatory actions.

III. STATEMENT OF FACTS

Plaintiff's complaint involves a claim for violation of Civil Rights Act Of 1991 Title I , Violation of Title V of The Americans with Disabilities Act (ADA), Title VII of The Civil Rights Act of 1994 , Race Discrimination, Employment Discrimination, Violation of The Family Medical Leave Act of 1993 (FMLA) Violation of The ERISA Act, 29 U.S.C. 1132, Wrongful Termination of Plaintiff's Pension Benefits, Wrongful Termination of Plaintiff's \$ 75,000 Life Insurance Policy , Wrongful Termination of Plaintiff's Health Insurance Benefits. I the Plaintiff have been working at Christiana Care Health Systems for the pass 17 years , from August 1987 to October 27, 2003 . The last position I worked was a Radiology Clerk 03 under the supervision of Sharon Peitlock and Edith Green-Crews – from 8:00 am to 4:00 pm . Monday thru Friday and a 2nd job at St. Francis Hospital as a housekeeper from 6:00 pm. To 11:00 pm, Monday , Wednesday , Friday and every other Saturday and Sunday. Plaintiff's primary duties as a radiology clerk is to maintain the flow of patients x-ray films , cat scans , and process mammography films, answer telephone request from other facilities, from patients, and doctors offices. Prepare patients x-ray films for pick-up and to be sent to other hospitals and doctors offices. File x-ray films and cat scan films . Plaintiff had been working in the Radiology department clerk position for less than a year, previously she worked as a medical records clerk for 9 years of the 17 years.

The Radiology department was short handed when the plaintiff began working in the department. Plaintiff 's normal work day, at 8:00 am to 4:00 pm. Plaintiff covers the x-ray film dark room on the 2nd floor of the radiology department, in the dark room plaintiff process patients mammogram films and chest x-ray films , until 11:30 , lunch from 11:30 to 12:00 pm, After lunch, plaintiff reports to the 1st floor x-ray file area, there the plaintiff answer the phone from patients and doctors offices, remove films from the wet room area and place them in the appropriate film jacket and send the films to the basement. At around 2:00 in the afternoon , plaintiff is to report to the basement, there she is to refile all of the x-ray films that were from the 1st and 2nd floor, along with answering the telephone requests from other hospitals, patients and doctors offices.

At 6:00 pm, Plaintiff reports to her part time 2nd job at St. Francis Hospital as a housekeeper from 6:00pm. To 11:00pm.Monday, Wednesday , Friday and every Saturday and Sunday . Plaintiff's primary

duties were to clean patients rooms for a clean environment, such as making the patients beds, cleaning the restrooms, and mopping the floors, assisting the nurses technicians as needed.

On October 27, 2003, I the plaintiff Stephanie Lynn Ford was in a hit and run automobile accident suffering back and neck pain , right rib pain. There was a witness to the accident and she called the licensed plate number into the Delaware State Police, accident causing \$14,00 damages to the plaintiff's pick-up truck. Plaintiff began to experience back neck pain, right rib pain. Plaintiff went St. Francis Hospital emergency room for treatment, plaintiff was x-rayed and given medication for pain. Plaintiff was released with a referral to family doctor. As time went on, the pain in my rib area had become so severe, plaintiff could barely walk upright. On October 30, 2003, Plaintiff was seen by Dr. Ross Ufberg M.D. and he concluded that the plaintiff suffered from a strain to her cervical, thoracic and lumbosacral spine, rib trauma, hamstring strain, and arm shoulder and forearm strain. Plaintiff received treatment from the Wilmington Pain & Rehabilitation Center, out patient therapy, medications, motrin 600mg, flexural 5mg Tylenol 500mg. Plaintiff was under the doctors care from October 30, 2004 to April 13, 2004 from Christiana Care Health Systems and St. Francis Hospital.

THE PLAN

There are many critical issues in this case with Christiana Care Health Systems, Richard Burton and Clara Clark, along with the wrongful Termination of Benefits case with Unum Life Insurance Of America. I the Plaintiff, Stephanie Lynn Ford ask this Honorable Court to apply the law to all of the Defendants unlawful activities.

PLAINTIFF' MEDICAL EVIDENCE

I the Plaintiff was involved in a automobile accident on October 27, 2003, and suffered back, neck and right rib pain . Treating physician Dr. Ross M. Ufberg M.D. 1021 Gilpin Avenue, Suite 101 Wilmington, Delaware 19806 (302) 575-1776 and St. Francis Hospital 7th & Clayton Street Wilmington, Delaware 19805, Dr. Timothy Dowling , I the plaintiff have been experiencing a great of pain to my right

(10)

rib , which have swelled and have been causing me a lot of discomfort. I the plaintiff have enclosed a photograph along with copies of all medical records and disability certificates dated October 28, 2003 to Present. I the plaintiff scheduled the necessary management treatment to get well to be able to go back to her normal work schedule at Christiana Care Health Systems and St. Francis Hospital.

REVIEW OF THE MEDICAL RECORDS

I the Plaintiff, Stephanie Lynn Ford ask this a Honorable Court to reevaluate medical records and the facts of this case, and grant Plaintiff's motions against the Defendants, Christiana Care Health Systems, Richard Burton, and Clara Clark along with Unum Life Insurance Company Of America's pending civil action claim.

IV. ARGUMENT

The Court should grant plaintiff's motion for summary judgment because the plaintiff has an actionable claim against the Defendants for violation of the Plaintiff's Civil Rights Act Of 1991 Title I, in violation of the Title V of The American with Disability Act (ADA), in violation of Title VII of The Civil Rights Act of 1994, Race Discrimination, in violation of Employment Discrimination, in violation of The Family Medical Leave Act of 1993 ,(FMLA), in violation of The ERISA Act, in violation of 29 U.S.C. 1132, wrongful termination of Plaintiff's Pension Benefits, wrongful termination of Plaintiff's Retiree Medical Benefits, wrongful termination of Plaintiff's \$75,000 Life Insurance Policy, wrongful termination of Plaintiff's Health Insurance Benefits.

I the plaintiff' ask this Honorable Court to grant the motion against the defendants in this case.

A. Plaintiff has an actionable Claim against the defendants for all there wrong doing in this case, by terminating the plaintiff's pension benefits, retiree medical benefits, medical benefits , \$75,000 life insurance policy, I the plaintiff had been working at the Christiana Care Health Systems for the past 17



years and I had plan to retire from the company. It is very sad that these defendants have taking my lively hood, every thing that I had build and worked for .

B. All of the Defendants in this case and the case with Unum Life Insurance Of America, were all working together, this is the reason why the plaintiff was unable to receive long-term disability benefits that I paid into to use when I become ill and unable to work, or able to be rehired for employment , after working 17 years of service, and the termination of the plaintiff's pension benefits and retiree medical benefits.

1. The federal and state laws on employers terminating employees pension benefits with out any due process of the law.

I the Plaintiff, Stephanie Lynn Ford ask this Honorable Court To Apply The Law To These Claims.

2. The Plan Is Governed By ERISA

I the Plaintiff, Stephanie Lynn Ford ask this Honorable Court To Apply The Law To These Claims.

Race Discrimination Claim

I the Plaintiff , Stephanie Lynn Ford honestly feel that I was discriminated against, because I am a black female African American.

C. I THE PLAINTIFF, STEPHANIE LYNN FORD ASKED THIS HONORABLE COURT TO GRANT PLAINTIFF'S COMPLAINT AND SUMMARY JUDGMENT.

1. The defendant intentionally terminated the plaintiff's benefits, and refuse to rehire the plaintiff without any due process of the Law.

2. The Defendants, Christiana Care Health Systems, Richard Burton and Clara Clark are in violation of Race Discrimination and among other illegal violations.

EXHIBIT A

(13)

Paul, Elaine

1987

From: FWZBXQ0@christianacare.org
Sent: Friday, April 23, 2004 2:06 PM
To: FormHRCCHSHRPemp@christianacare.org
Cc: FWZBXQ0@christianacare.org; vleiner@christianacare.org
Subject: FORD, STEPHANIE - TERMINATION FORM

The following information was submitted from an INet Form called TERMINATION FORM by Green-Crews, Edith.

Employment Assignment: - FormHRCCHSHRPemp@christianacare.org
*Employee Name: - FORD, STEPHANIE
*Employee SSN#: - 222565931
*Cost Center: - 26541
*Last Day Worked: - 10/27/03
*Term Effective Date: - 04/13/04
*Eligible for Unused PTO Hrs: - Yes
*Would You ReEmploy: - Yes
Voluntary Reason Code: - 100 Unable to Return from Medicial LOA
Involuntary Reason Code: - None
Comments: - EMPLOYEE HAS EXHAUSTED HER 24 WK LEAVE PERIOD.

*Approval: - PEITLOCK, SHARON
Date Completed: - 4/23/2004
Completed By: - Green-Crews, Edith

Date Sent: 4/23/04
Time Sent: 2:06:05 PM

D0195

14

4/23/04 a.m.

PENSION INFORMATION

DATE NOVEMBER 14, 2006

NAME OF PENSIONER: STEPHANIE FORD
SOCIAL SECURITY NO: 222-56-5931
DATE OF BIRTH: 02/16/1962 POSITION: CLERK III
DEPARTMENT/DIVISION: X-RAY - WILMINGTON
EMPLOYMENT DATE: 08/24/1987
SEVERANCE FROM SERVICE DATE: 04/13/2004
RETIREMENT DATE: 03/01/2027
TYPE OF RETIREMENT: TERMINATED VESTED
DATE PAYMENTS COMMENCE: 03/01/2027
PARTICIPATION DATE: 07 MOS 24 DAYS FT
CREDITED SERVICE: 15 YRS 11 MOS 25 DAYS FT (.16267)
FINAL AVERAGE EARNINGS (Monthly) \$2127.14
SETTLEMENT OPTION: ---
ANNUAL AMOUNT: \$4671.24
MONTHLY INCOME: \$389.27
AGE AT TERMINATION: 42 YRS 01 MOS 27 DAYS
NRD: 03/01/2027

(15)

DO197



SECTION I - TO BE COMPLETED FOR ALL REFERRALS BY DEPARTMENT HEAD OR SUPERVISOR (INSTRUCTIONS ON BACK)

LAST (FAMILY NAME)	FIRST (FIRST NAME)	MIDDLE (M.I.)	DATE	(TO BE COMPLETED BY THE REFERRING FACILITY)	
142	John	L	4/1/04	TIME IN	TIME OUT 1640
CLINIC	DEPARTMENT	SOCIAL SECURITY NUMBER	JOB TITLE	DATE OF BIRTH	HOME PHONE
142					221-5614

MEDICAL AUTHORIZATION:

I understand that Christiana Care maintains information in paper and electronic form.
I authorize EHS to access Christiana Care's information pertinent to my care.

SYMPTOM OR PROBLEM:			EMPLOYEE SIGNATURE		
1. <input type="checkbox"/> OCCUPATIONAL INJURY/ILLNESS - COMPLETE BELOW			AUTHORIZE SIGNATURE(SUPERVISOR OR MANAGER)		
2. <input type="checkbox"/> NON OCCUPATIONAL INJURY/ILLNESS					
ACCIDENT OCCURRED	HOSPITAL SITE	DEPT / UNIT	DATE OF INJURY	HOUR OF DAY	MACHINE, TOOL, OR OBJECT CAUSING INJURY / ILLNESS
THIS SECTION IS REQUIRED FOR OCCUPATIONAL INJURIES		LOCATION WHERE INJURY OCCURRED		DATE SUPERVISOR NOTIFIED	SUPERVISOR'S NAME
FULL DESCRIPTION OF INJURY (DESCRIBE EXACTLY WHAT HAPPENED IN ORDER OF EVENTS AND WHY IT HAPPENED. INDICATE APPARENT INJURY AND CONDITION OF EQUIPMENT OR APPAREL WHERE SIGNIFICANT)					WITNESS:
_____ _____					

SECTION II - TO BE COMPLETED BY PHYSICIAN AND/OR NURSE

DISPOSITION:		STATUS		
<input checked="" type="checkbox"/> CLEARED FOR WORK	<input checked="" type="checkbox"/> RESTRICTIONS: <i>15 lb lifting restriction</i>	<input type="checkbox"/> OCCUPATIONAL INJURY / <input checked="" type="checkbox"/> NON-OCCUPATIONAL ILLNESS		
<input type="checkbox"/> SEND HOME		<input type="checkbox"/> REVIEW: (REASON) _____		
<input type="checkbox"/> REMAIN ON DUTY				
REFERRED TO:	APPT: <i>See Letter from Dr. M.A.</i>	FROM/REF ID: <i>(16)</i>	RETURN VISIT DATE	RTW DATE <i>4/13/04</i>

To: Dr. Robert Laskowski
Christiana Care Health Services
Board of Directors
P.O.Box 6001
Newark, Delaware 19718
October 17, 2004

From: Stephanie Ford
19 Albany Ave
NewCastle,De. 19720
(302)658-6740

RE: Consideration of Denial of My Disability Benefits from Unum Provident Insurance
Related to Injuries and Employment Status.

Dear Dr. Laskowski

I am writing this letter to request a special hearing be held with me and my
Representatives; to discuss the action of the Administrative staff of the hospital
In consultation with the insurance company of UmunProvident, has taken regarding
Me and my employment at the hospital.
I request that this meeting be held as soon as possible.

Sincerely yours,

Stephanie D. Ford

CC: PF

(17)



STEPHANIE FORD
RIGHT RIB PAIN
10/28/03 ACCIDENT

(18)

SEARCHED

19

ST. FRANCIS HOSPITAL
7th & CLAYTON STREETS
WILMINGTON, DE 19805-0500

DEPARTMENT OF
RADIOLOGY
(302) 421-4300

RADIOLOGIC CONSULT

Pt Name: FORD,STEPHANIE L
19 ALBANY AVENUE
NEW CASTLE, DE 19720
PHONE: (302) 658-6740
DOB: 02/16/1962

MR#: W2447514
ACCT#: W008746174
RM/BED: WRAD

DATE OF SVC: 02/02/2007
ATTENDING DR.: Robinson, Aaron D.O.
ORDERING DR.: Robinson, Aaron D.O.
EXAMS: ABDOMEN, LIMITED 1434616 (76705),
CHEST/MEDIASTINUM 1434617 (76604)
COPIES TO: Robinson, Aaron D.O.; Ufberg,Ross M. M.D.~

EXAM REASON: PAIN

READING DR: Steven D. Herman M.D.

SIGNED BY: TALK TECH SCRIPT

REPORT OF FINDINGS

Study: Abdomen ultrasound

History: Painful lump in right flank

Multiple real time images of the upper abdomen demonstrate normal size, shape and echo texture throughout the liver, with no evidence of parenchymal masses, cysts or dilated intrahepatic ducts. The common bile duct is normal in caliber measuring 4 mm in diameter. The gallbladder is normal in appearance, with no evidence of wall thickening, sludge, stones or polyps. There are no pericholecystic fluid collections. There is no ascites. The pancreas is normal in size and shape, with no evidence of masses, calcifications or cysts. The right kidney is normal in size, shape and echo texture, with no evidence of hydronephrosis, cysts, stones or masses.

Additional images were obtained over the area of a painful superficial lump in the inferior right chest wall. There is what looks like an elongated lobule of fat measuring up to 2.4 x 0.7 x 2.8 cm. This could represent a lipoma. This could also represent a small fat-containing hernia.

Impression: Normal right upper quadrant. The painful lump correlates with a fatty structure consistent with a lipoma or hernia. CT correlation is recommended, if indicated.

Dictated: 02/02/07 1128

---- Electronic Signature on File ----
Signed By: Herman,Steven D M.D.

Signed Report Printed From PCI

ST. FRANCIS HOSPITAL
7th & CLAYTON STREETS
WILMINGTON, DE 19805-0500

DEPARTMENT OF
RADIOLOGY
(302) 421-4300

RADIOLOGIC CONSULT

Pt Name: FORD, STEPHANIE L
19 ALBANY AVENUE
NEW CASTLE, DE 19720
PHONE: (302) 658-6740
DOB: 02/16/1962

MR#: W2447514
ACCT#: W008680720
RM/BED: WERF

DATE OF SVC: 01/01/2007
ATTENDING DR.: Flowers, James J. DO
ORDERING DR.: Heinbaugh, Jennifer PAC
EXAMS: CHEST, PA/LAT 1427433 (71020)
COPIES TO: Heinbaugh, Jennifer PAC; Singh, Narinder M.D.; Ufberg, Ross M. M.D.~

EXAM REASON: palpable mass right 10th rib thoracic muscle spasm

READING DR: Eric Mellencamp M.D.

SIGNED BY: TALK TECH SCRIPT

REPORT OF FINDINGS

PA and lateral chest x-rays were obtained because of chest wall mass 1/1/07.
The bones are unremarkable. The heart is not enlarged. The lungs are clear.

Impression: Normal chest.

Dictated: 01/02/07 0921

---- Electronic Signature on File ----
Signed By: Mellencamp, Eric MD

ST. FRANCIS HOSPITAL
7th & CLAYTON STREETS
WILMINGTON, DE 19805-0500

DEPARTMENT OF
RADIOLOGY
(302) 421-4300

RADIOLOGIC CONSULT

Pt Name: FORD,STEPHANIE L
19 ALCBANY AVENUE
NEW CASTLE, DE 19720
PHONE: (302) 658-6740
DOB: 02/16/1962

MR#: W2447514
ACCT#: W005894019
RM/BED: UNK

DATE OF SVC: 05/20/2004
ATTENDING DR.: UNK
ORDERING DR.: Ufberg,Ross M. M.D.
EXAMS: CERVICAL SPINE W/O CONTRAST 1199620 (72141)
COPIES TO: Singh,Narinder M.D.; Ufberg,Ross M. M.D.-

EXAM REASON: S/P MVA 10/27/03
NECK, BACK AND RT SHOULDER PAIN SINCE ACCIDENT

READING DR: MARK T. DiMARCANGELO D.O.

SIGNED BY:

REPORT OF FINDINGS

MRI CERVICAL SPINE WITHOUT CONTRAST

History:Pain. Pain in neck and right shoulder.

Findings:No previous studies for comparison. Noncontrast pulse sequences were performed in the sagittal and axial imaging planes.

There is no herniation of the cerebellar tonsils through the foramen magnum. The cervical spinal cord is normal in signal intensity and morphology without intrinsic masses or syringomyelia. There is no overt cord compression. The vertebral bodies are maintained in stature and are normal in signal intensity and morphology. There is straightening of the cervical lordotic curvature. The paravertebral soft tissues are symmetrical.

The intervertebral discs demonstrate some mild decreased signal on T2 suggesting mild dehydration are degenerative discogenic changes. Mild bulging annuli are noted particularly at C5-6 and C6-7. There is no significant malalignment of the vertebral bodies. There is evidence of mild to moderate neural foraminal narrowing on the right at C3-4. Mild neural foramina narrowing is seen on the left at C5-6 mild bilateral neural foramina narrowing is seen at C6-7. There is no definite herniated nucleus pulposis. No significant central spinal stenosis is exhibited.

Impression:Mild neural foraminal narrowing at various levels. Minimal disc bulging particularly at C5-6 and C6-7. See above.

Dictated: 05/21/04 1114



ST. FRANCIS HOSPITAL
7th & CLAYTON STREETS
WILMINGTON, DE 19805-0500

DEPARTMENT OF
RADIOLOGY
(302) 421-4300

RADIOLOGIC CONSULT

Pt Name: FORD,STEPHANIE L
19 ALBANY AVENUE
NEW CASTLE, DE 19720
PHONE: (302) 658-6740
DOB: 02/16/1962

MR#: W2447514
ACCT#: W005352935
RM/BED: UNK

DATE OF SVC: 10/27/2003
ATTENDING DR.: UNK
ORDERING DR.: Ward,Mariann CFNP
EXAMS: RIBS UNI 3+ VIEWS-RT 1148723 (71101)
COPIES TO: Singh,Narinder M.D.; Ward,Mariann CFNP; FWD ER PHYSICIANS~

EXAM REASON: MVA THIS PM; MID RT SIDED RIB PAIN SINCE MVA

READING DR: Steven D. Herman M.D.

SIGNED BY:

REPORT OF FINDINGS

Study: Right ribs

History: Right sided rib pain following MVA

Images of the right rib cage were obtained in multiple degrees of obliquity. There is no evidence of rib fracture, lytic or blastic bony lesions, pleural effusion, pneumothorax or other significant abnormality.

Impression: Normal study.

Dictated: 10/29/03 1154

----- Electronic Signature on File -----
Signed By: Herman,Steven D M.D.

St. Francis Healthcare Services
Healthcare you can believe in.

**EMERGENCY DEPARTMENT
RECORD**

LABS	Clark Init.	XRAY	Clark Init.	Time	Physician's Orders	Time/ Neg Init.	
<input type="checkbox"/> CBC		<input type="checkbox"/> Chest					
<input type="checkbox"/> H&H		<input type="checkbox"/> C-Spine					
<input type="checkbox"/> CHEM-7		<input type="checkbox"/> L/S Supine					
<input type="checkbox"/> Na		<input type="checkbox"/> Obst. Series					
<input type="checkbox"/> K		<input type="checkbox"/> KUB					
<input type="checkbox"/> Cl		<input type="checkbox"/> Other:					
<input type="checkbox"/> CO ₂		<i>Ribs</i>					
<input type="checkbox"/> BUN							
<input type="checkbox"/> CRE							
<input type="checkbox"/> Glucose							
<input type="checkbox"/> U/A		CT Scan:					
<input type="checkbox"/> C&S		<input type="checkbox"/> Head without contrast					
<input type="checkbox"/> Gram stain		<input type="checkbox"/> Head with contrast					
<input type="checkbox"/> EKG		<input type="checkbox"/> Abdomen without contrast					
<input type="checkbox"/> CK		<input type="checkbox"/> Abdomen with contrast					
<input type="checkbox"/> Troponin I							
<input type="checkbox"/> ABG		Ultrasound					
Peak Flow pre and post treatment		<input type="checkbox"/> Abdomen					
<input type="checkbox"/>		<input type="checkbox"/> Pelvis					
<input type="checkbox"/> LDH		<input type="checkbox"/> Other:					
<input type="checkbox"/> AST (SGOT)							
<input type="checkbox"/> ALT (SGPT)							
<input type="checkbox"/> ALK Phos							
T. Bill							
D. Bill							
GGTP							
Amylase							
Lipase							
Albumin							
PT							
PTT							
PO ₄							
Ca		XRAY Interpretation:					
Mg							
Urine Pregnancy							
Sed rate							
Retic count							
Monospot							
Alcohol							
Urine Tox							
Dilantin							
Digoxin							
Phenobarb							
Depakote							
Theophylline							
Aspirin							
Acetaminophen							
Serum Osmoles							
Serum Acetone							
Blood culture		CT/Ultrasound Interpretation					
Wound culture							
GC/Chlamydia							
Serum HCG							
<input type="checkbox"/> Laboratory values reviewed by physician							
<input type="checkbox"/> Old records reviewed by physician							
P <input type="checkbox"/>	Patient Number: W005352935	Patient Name: FORD, STEPHANIE L		Date of Birth: 02/16/62	Age: 41	Sex: F	Med Rec Number: W244751

(24)

L. Francis Healthcare Services
Emergency Room Attending PAEMERGENCY DEPARTMENT
RECORD

VIEW OF SYSTEMS, SIGNS AND SYMPTOMS OF ILLNESS				<input type="checkbox"/> Unable to assess due to:
1 system, problem pertinent		2 - 9 systems	10 or more systems	
constitutional <input type="checkbox"/> NML fever weight loss weakness	Musculoskeletal <input type="checkbox"/> NML pain swelling redness diminished ROM inflammation	Respiratory <input type="checkbox"/> NML SOB pleuritic CP DOE PND non-prod cough prod cough	Cardiovascular <input type="checkbox"/> NML CP palpitations rapid/slow HR ankle swelling	
yes <input type="checkbox"/> NML sin discharge vision change	Integumentary <input type="checkbox"/> NML rash swelling bruising drainage discharge color change	Gastrointestinal <input type="checkbox"/> NML nausea vomiting diarrhea constipation pain bloating	Hematologic/Lymphatic <input type="checkbox"/> NML bleeding bruising swelling patches nodes	
ENMT <input type="checkbox"/> NML ear pain throat pain hoarse toe pain mouth pain brachymegaly	Neurologic <input type="checkbox"/> NML weakness altered LOC change in function	Genitourinary <input type="checkbox"/> NML dysuria frequency discharge bleeding	Allergic/Immunologic <input type="checkbox"/> NML rash swelling weakness	
Endocrine <input type="checkbox"/> NML increased thirst weakness fatigue Increased urination temperature intolerance	Psychiatric <input type="checkbox"/> NML change MS suicidal ideation homicidal ideation	confusion depression	Patient screened for: <input type="checkbox"/> Child Abuse/Neglect <input type="checkbox"/> Elder Abuse/Neglect <input type="checkbox"/> Domestic Violence <input type="checkbox"/> UTO-Reason _____	

PHYSICAL EXAMINATION

<input type="checkbox"/> Complete exam unobtainable due to unstable/urgent situation		<input type="checkbox"/> Critical Care Time _____	
Constitutional: VS (BP, HR, RR, Temp) per nursing notes Well developed Malnourished 104.0		Cardiovascular: Palpation heart Normal Auscultation heart Normal murmur rub grind rhythm regular/irregular Carotid arteries Normal Bruit Abdominal aorta Normal Enlarged Femoral arteries Normal Unequal Pedal pulses Normal Unequal Peripheral edema/varicosities Absent/present Amount 0 mmol	
Eyes: Lids/conjunctiva Normal Pupils/iris Normal PERL Fundi Normal		Musculoskeletal: Gait/station Normal Digits/males Normal Head/neck Normal Spine/pelvis Normal RUE Normal LUE Normal RLE Normal LLE Normal (Slight pain to palpation) (+ 4/5 rib in mid Skin: <i>decreased</i> decreased Inspection skin Normal Palpation skin Normal	
ENMT: External ears/nose Normal Ear canals/TMs Normal Hearing Normal Interior of nose Normal Lips/ethrogums Normal Oropharynx Normal		Gastrointestinal: Exam abdomen Normal Exam liver/spleen Normal Hernias Absent Present Reducible? Yes/No Rectal Normal Deformed Stool occult blood Negative/Positive	
Neck: External neck Normal Thyroid Normal		Genitourinary: Male Scrotum Normal Deferred Penis Normal Deferred Prostate Normal Deferred Female External genitalia Normal Deferred Urethra Normal Deferred Bladder Normal Deferred Cervix Normal Deferred Uterus Normal Deferred Adnexa Normal Deferred	
Respiratory: Respiratory effort Normal Percussion chest Normal Palpation chest Normal Auscultation chest Normal		Neurologic: Cranial nerves Normal Reflexes Normal Sensation Normal Motor Normal	
Chest: Inspection breasts Normal Palpation breasts/axillae Normal Deferred		Psychiatric: Judgement/insight Normal Orientation Normal Memory Normal Affect/mood Normal	
Differential Diagnosis: 1. Influenza		CONDITION UPON DEPARTURE/ED: <input checked="" type="checkbox"/> Improved <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Critical <input type="checkbox"/> Expired Physician Initials <i>motrin</i> <i>legland</i>	
Prescriptions: <i>motrin</i> <i>legland</i>		DISPOSITION: <input type="checkbox"/> D/C to Home <i>2/23/05</i> Time _____ <input type="checkbox"/> AMA _____ Time _____ <input type="checkbox"/> LWT _____ Time _____ <input type="checkbox"/> DOA <input type="checkbox"/> Expired _____ Time _____	

Final Diagnosis: <i>(1) mild confusion</i>	Procedure Codes: _____			
Procedures: <i>(1) mild confusion</i>	DX Codes: _____			
Phys Signature <i>Stephanie L.</i>	Date	Other Signature/Title <i>Medical Clerk</i>	Init: _____	Nurse Signature _____
Patient Number: W005352935	Patient Name: FORD, STEPHANIE L.	Date of Birth: 02/16/62 Age: 41 Sex: F Med Rec Number: W2447514		

(25)

St. Francis Healthcare Services

EMERGENCY DEPARTMENT RECORD

(A-1)
Chart completed initial

CURRENT MEDICATIONS		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ALLERGIES		GENERAL APPEARANCE						GLASGOW COMA SCALE					
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Color: <input type="checkbox"/> Good <input type="checkbox"/> Pale <input type="checkbox"/> flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice Skin: <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Cool <input type="checkbox"/> Clammy <input type="checkbox"/> Rash Resp: <input type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Stridor <input type="checkbox"/> Wheezes <input type="checkbox"/> Rales Pulse: <input type="checkbox"/> Reg <input type="checkbox"/> Irreg						Verbal Response: <input type="checkbox"/> Oriented 5 <input type="checkbox"/> Confused 4 <input type="checkbox"/> Inappropriate 3 <input type="checkbox"/> Incomprehensible 2 <input type="checkbox"/> None 1 Motor Response: <input type="checkbox"/> obeys 6 <input type="checkbox"/> Localizes 5 <input type="checkbox"/> Withdraws 4 <input type="checkbox"/> Abn flexion 3 <input type="checkbox"/> Abn extension 2 <input type="checkbox"/> None 1 Eye Opening: <input type="checkbox"/> Spontaneous 4 <input type="checkbox"/> To speech 3 <input type="checkbox"/> To pain 2 <input type="checkbox"/> None 1 Total _____					
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latex Sensitive Y/N		VA: OD 20/ OS 20/ Backboard <input type="checkbox"/>						Cervical Collar <input type="checkbox"/>					
					Immunizations Current for Age Y/N											

TIME:

MVC driver + seat belt. in a
 escape - hit on passenger
 side. to pain under breast

Disposition: tx area FT Jobby from seat belt
 Signature: *Stephanie L. Ford*

NOTE: (Include location, quality, severity, timing, context, other factors)

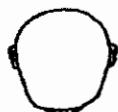
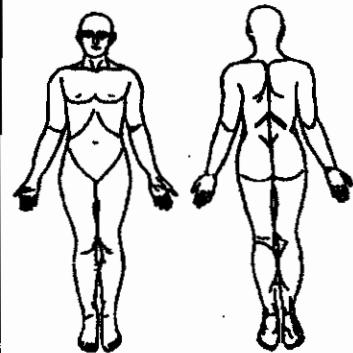
TIME: 2150 pm 4/0 *Medic* 4 *not*.
 S- c/o of MVA in which pt. was a restrained
 driver of a vehicle which was struck in
 the rear passenger side. Now c/o pain under
 (P) breast in seatbelt area. denies SOTS.
 denies striking head/chest/gbd. A. plates
 large dent to the truck endo. truck was
 drivable. denies back/neck/extremity pain.
 P LOC

O-see PS

4P- DC'd ed c. Rx. for motrin /flexeril
 this p doc.

Signature: *Mark Clark*

A	ABRASION	P	PAIN
V	AVULSION	PN	PUNCTURE
B	BURN	R	RASH
D	DEFORMITY	S	SWELLING
C	ECCHYMOSIS	T	TENDER
E	EDEMA	U	ULCER
H	HEMATOMA	O	OTHER
L	LACERATION		

 RIGHT LEFT

Post Medical History:	None	HTN	CAD	MI	DM	PVD	Vascular Disease	CVA	HA
COPD	Asthma	Arthritis	CHF				Other:		
Post Surgical History:	None	CADET	Gastroscopy	Appendectomy		Tubal Ligation	Hysterectomy		
Tonsillectomy	Hernia			Other:					
Medications:	None	Reviewed	Listed	Allergies:	Note	Reviewed	Listed		
Family History:	CAD	DM	Other:	Social History:	Tobacco	Alcohol	Drugs		

Patient Number: W005352935	Patient Name: FORD, STEPHANIE L	Date of Birth: 02/16/62	Age: 41	Sex: F	Med Rec Number: W2447514						
Reg Date: 10/27/03	Triage Time: 2010	Method of Arrival: L/K	Mar. St: S	Race: B	Fin C: 4	Ins Plan: /	Primary Care Physician: Singh, Narinder	PCP Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	STATUS: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> NonUrg		
Complaint: MVC	9219	TIME: 202599	TEMP: 69	PULSE: 20	RESP: 15	BPM: 134	PULSE OX: 97	WT: 145	HT: 5'4"	HR: 110	TETANUS W/IN STBS: <input type="checkbox"/> Yes <input type="checkbox"/> No

(26)

Stephanie Ford

Mon Oct 27, 2003 Page 1
10:27 PM

Discharge Instructions from:

Mariam Ward, CRNP / Hope Steinberg, MD

ST. FRANCIS HOSPITAL, DEPARTMENT OF EMERGENCY MEDICINE

Return here for any concerns

RIB INJURY:

It looks like you have an injury to the rib cage. Rib fractures are very painful. This is because breathing prevents the rib cage from staying still. Pain medicine is usually prescribed for broken ribs. Sometimes a shot is given in the ribs. This will block the nerves and provide significant temporary relief. If the injury is not too bad, there is no need to be put in the hospital.

Rib belts are sometimes used. They are not recommended because restricting chest wall leads to a greater chance of lung infection. It is usually better not to use a rib belt. A doctor can give enough pain medicine to make the patient comfortable.

Sometimes there is bleeding from a broken rib. There can also be infection. Or the lung can collapse. Sometimes there are rib fractures that do not appear on the x-rays.

CALL YOUR DOCTOR or come back here if:

- You have shortness of breath.
- You have more pain or pain not slowly going away.
- There is fever or cough.

RX: MOTRIN 600 MG Disp: #30 / 0

Directions: 1 tab PO TID prn pain

- Used for inflammation (especially arthritis) and relief of pain.
- Take regularly unless used for mild pain. It can take 1-2 weeks to be effective in arthritis.
- Try taking with food if it causes stomach upset.
- Can cause gastrointestinal bleeding.
- Other common side effects - dizziness, rash.

RX: FLEXERIL 5 MG. Disp: # 15 / 0

Directions: one tablet by mouth at bedtime

- Prescribed as a muscle relaxant. Should be taken regularly until you are better, and not just when you feel you need it.
- Common side effects - dizziness, drowsiness, blurred vision, dry mouth.
- May also cause gastrointestinal upset - try taking it with antacids, if this occurs.

FOLLOW UP INSTRUCTIONS: Your Doctor

You are being referred to Your Doctor.

Call the office as soon as possible to arrange a follow-up visit.

Be sure to tell the doctor's office that you were referred from

the Emergency Department.

=====
I understand that the treatment I have received was given on an emergency basis only. I understand that further treatment may be necessary. I have been given a copy of the above instructions. I understand these instructions; and I will arrange for follow-up care as outlined above. If my condition worsens, I will call my doctor or return to the hospital. Emergency Department phone number - (302) 421-4333

Signed: Stephanie L. Ford
Relation to Patient _____

(27)

DEA # _____

Ross M. Ufberg, M.D.
1021 Gilpin Avenue
Suite 101
Wilmington, DE 19806
302-575-1776

NAME Stephanie Ford DATE 6/14/04
ADDRESS _____

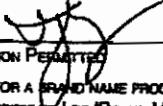
Rx (Please Print)

Mrs Ford is cleared

for return to work

effective 6/14/04

REFILL _____ TIMES


SUBSTITUTION PERMITTED

M.D.

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, PRESCRIBER MUST HANDWRITE
'BRAND NECESSARY' OR 'BRAND MEDICALLY NECESSARY' IN THE SPACE BELOW.

(28)

ROSS M. FBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 3/27/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

Totally incapacitated

Partially incapacitated

from 4/13/04 to 5/3/04 *

secondary to a:

motor vehicle accident on 10/17/02

work accident on _____

illness

other

Remarks: Pain-tine work status

4 hours/day at Christian Care

Signed: Stephanie Ford

*patient to be re-evaluated prior to any change in disability status.

(31)

ROSS M. UFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 3/29/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

- Totally incapacitated *from job
due to St. Francis*

from 4/30/04 to 5/3/04

secondary to a:

- motor vehicle accident on 10/27/03
- work accident on _____
- illness
- other

Remarks:

Signed: Stephanie Ford

ROSS M. UFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 3/29/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

- Totally incapacitated

from 3/29/04 to 4/12/04

secondary to a:

- motor vehicle accident on 10/27/03

- work accident on _____
- illness
- other

Remarks:

ROSS M. UFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

*patient to be re-evaluated prior to any change in disability status.

*patient to be re-evaluated prior to any change in disability status.

ROSS M. UFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 2/23/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

Totally incapacitated

Partially incapacitated

from 2/23/04 to 3/29/04 *

secondary to a:

motor vehicle accident on 10/27/03

work accident on _____

illness

other

Remarks: _____

Signed: Stephanie Ford

*patient to be re-evaluated prior to any change in disability status.

33

ROSS M. C. BERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 1/20/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

Totally incapacitated

Partially incapacitated

from 1/20/04 to 2/23/04 *

secondary to a:

motor vehicle accident on 10/27/03

work accident on _____

illness

other

Remarks:

Signed:

Stephanie Ford

*patient to be re-evaluated prior to any change in disability status.

(34)

ROSS M. UFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 12/22/03

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

Totally incapacitated

Partially incapacitated

from 12/22/03 to 11/20/04 *

secondary to a:

motor vehicle accident on 10/17/03

work accident on _____

illness

other

Remarks.

Signed:

Stephanie Ford

*patient to be re-evaluated prior to any change in disability status.

35

ROSS M. L. BERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 12/4/03

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

Totally incapacitated

Partially incapacitated

from 12/4/03 to 1/4/04*

secondary to a:

motor vehicle accident on 10/27/03

work accident on _____

illness

other

Remarks: _____

Signed: Stephanie Ford

*Patient to be re-evaluated prior to any change in disability status.

(36)

ROSS M. UFFERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 673-1776

DISABILITY CERTIFICATE

Date 1/16/03

To whom it may concern

This is to certify that

Trishelle Franklin

has been under my professional care and was

Fully incapacitated

Partially incapacitated

from 1/1/03 to 1/15/03 *

secondary to:

motor vehicle accident on 10/27/02

work accident on _____

illness

other

Remarks _____

Signed, Dr. Ross Ufferg

*Patient to be re-evaluated prior to any change in disability status

(37)

ROSS M. UFFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 10/22/03

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

Totally incapacitated

Partially incapacitated

from 10/27/03 to 11/14/03.

secondary to:

motor vehicle accident on 10/27/03

work accident on _____

illness

other

Remarks: _____

Signed: _____

Ross L. Uffberg

*Patient to be re-evaluated prior to any change in disability status.

(38)

Name Stephanie Ford

Week 11

Dates 5/18/04 to 5/21/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal, print copy of newspaper ad, e-mail address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Page 56 of 84
Fited 03/28/2008
Date 5/21/04 Job Title Telphone #/Fax # Company/Contact Name 1 skills
Roles Job recruiter (302) Completed
5/21/04 Team Coordinator / Mrs. Burton 428-5746/ChristianaCareHospital/ Application

Notes 5/21/04 Visit Clerk VT / 428-5746 / ChristianaCare Hospital / completed application

Notes 5/21/04 Patient Information Rep. / (302) 428-5746 / ChristianaCare Hospital / completed application

Notes 5/21/04 Patient Care Technician / (302) 428-5746 / ChristianaCare Hospital / completed application

Notes 5/21/04 Cash Receipting Clerk / (302) 428-5746 / ChristianaCare Hospital / completed application

Notes 5/21/04 Cash Receipting Clerk / (302) 428-5746 / ChristianaCare Hospital / completed application

Case # 1:06-cv-00301-MPT Date: _____
Notes _____
In Search results verified by: _____

Additional Comments:

Name Stephanie Strad week 11

Dates 5/24/04 to 5/28/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Case 1:06-cv-00301-MPT Filed 03/28/2008 Page 57 of 84

Date	Job Title	Telephone/Fax#	Company/Contact Name	Results
5/23/04	Clerk	(302) 428-5746 /ChristiansCare Hospital/Buster/	Mr. Christian's Care Hospital/Buster/	Completed
Notes	My Job Recruiters is Mr. Christian's Hospital (302) 428-5746			
5/23/04	Unit Clerk	(302) 428-5746 /ChristiansCare Hospital/Buster/	Mr. Christian's Hospital/Buster/	Completed
Notes				
5/28/04	Clerk	(302) 428-5746 /ChristiansCare Hospital/Buster/	Mr. Christian's Care Hospital/Buster/	Completed
Notes				
5/28/04	Reproductive Operator	(302) 428-5746 /ChristiansCare Hospital/Buster/	Mr. Christian's Hospital/Buster/	Completed
Notes				
5/28/04	Health Records Clerk	(302) 428-5746 /ChristiansCare Hospital/Buster/	Mr. Christian's Hospital/Buster/	Completed
Notes				

Job Search results verified by:

Date:

Additional Comments:

Week — 114

Name Stephanie Fred

Dates 1/31/04 to 2/14/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting etc. Minimum of 5 job searches per week.

Date 1/31/04 Job Title OR Tech Telephone #/Fax # (302) 428-5746 Company/Contact Name Christiana Care Hospital/Bunting Results None

Notes

Date 1/31/04 Admin. Post. # (302) 428-5746 ChristianaCare Hospital/Bunting Complete Application

Notes

Date 1/31/04 Clerk II (302) 428-5746 ChristianaCare Hospital/Bunting Complete Application

Notes

Date 1/31/04 Clerk II (302) 428-5746 ChristianaCare Hospital/Bunting Complete Application

Notes

Date 1/31/04 Career Development (302) 428-5746 ChristianaCare Hospital/Bunting Complete Application

Notes

Date 1/31/04 Career Development (302) 428-5746 ChristianaCare Hospital/Bunting Complete Application

Notes

Case 1:06-cv-00301-MPT
Job Search results verified by: _____
Date: _____

Additional Comments:

Week ___ of ___

Name Stephanie Ford

Dates 6/14/04 to 6/18/04

INTENSIVE JOB SEARCH LOG

Page 60 of 84

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date _____ Job Title _____ Telephone #/Fax # _____ Company/Contact Name _____ Results _____

Notes _____ 1 6/15/04 Medical Records Clerk (302) 651-4000 A.T. Deport Hospital Completed Application

Notes _____ 2 6/15/04 Environmental Services St. Francis Hospital Completed Application

Filed 03/28/2008

Document 78

Notes _____ 3 6/18/04 Home Health Nursing Program (302) 428-5746/Christiana Care Hospital Completed Application (13)

Notes _____ 4 6/18/04 Assistant Program (302) 428-5746 / Christiana Care Hospital Completed Application

Notes _____ 5 6/18/04 Security Officer (302) 428-5746 / Christiana Care Hospital Completed Application

Notes _____ 6 _____

Case 1:06-cv-00301-MPT

Notes _____

Job Search results verified by:

Additional Comments:

Date:

Name Stephanie Strel

Entered 6/21/04 to 6/25/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal, link, copy of newspaper ad, email address of job listing, copy of website posting etc. Minimum of 5 job searches per week.

Date

Job Title

Telephone #/Fax #

Company/Contact Name

1. adults

6/24/04 Residency Program Assistant / Christiana Care Hospital / Completed Application

6/24/04 Collections Specialist KarenHealth / Christiana Care Hospital / Completed Application

6/24/04 Operations Support Specialist / Delaware Physician's Center / Completed Application 

6/25/04 Home Health Assistant / Christiana Care Hospital / Completed Application

6/25/04 Enercise Technician / Christiana Care Hospital / Completed Application

Received phone call - Mr. John Judy 428-5215 about home health position 7/1/04 at Christiana Care Hospital

Search results verified by:

Date:

Additional Comments:

Search Log

Case 1:06-cv-00381-MPT

Document 78 Filed 03/28/2008

10 Stephen's Park
6/28/04 10 7/1/04

INTENSIVE JOB SEARCH LOG

Provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal copy of newspaper ad, email address of job listing, copy of website posting etc. Minimum of 5 Job searches per week.

Date _____ Job Title _____ Telephone # / Fax # _____ Company/Contact Name _____ Initials _____

Interview - 7/2/04 Clark Rossetto / Christiana Care Hospital (nursing)

Search results verified by:

三

Additional Comments:

३५४

45

Name Stephanie Ford

Week ___ of 4

Dates 7/5/04 to 7/9/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date	Job Title	Telephone # /Fax #	Company/Contact Name	Results
<u>7/7/04</u>	<u>Clerk</u>	<u>(302) 395-0400</u>	<u>Strategic Services Group</u>	<u>Completed Application</u>
Notes				
<u>7/7/04</u>	<u>Security Officer</u>		<u>Bennett Security Service</u>	<u>Completed Application</u>
Notes				
<u>7/8/04</u>	<u>Security Officer</u>		<u>Allied Security</u>	<u>Completed Application</u>
Notes				
<u>5</u>				
Notes				
<u>6</u>				
Notes				

CERTIFICATE OF APPRECIATION



CHRISTIANA CARE

is pleased to

STEPHANIE FORD

in recognition of

FIFTEEN YEARS

of Dedicated and Loyel Service

Charles W. Sontz, M.D.
President

August, 2002

47

GENEALOGY

EXCELSIOR

RECOGNITION
OF
EXCELSIOR
MEMPHIS
TENNESSEE

Presented to

STEPHANIE FORD

In Recognition of

TEN YEARS

of Dedicated and Loyal Service

(48)

EXCELSIOR

August, 1997

Charles W. Sneed, Jr.
President

CERTIFICATE OF SERVICE

THE UNDERSIGNED HEREBY CERTIFIES

THAT COPIES OF THE FOREGOING

WERE CAUSED TO BE SERVED THIS

9, MARCH 2007 UPON THE

FOLLOWING IN THE MANNER INDICATED:

U.S. Certified Mail

**MORGAN, LEWIS & BOCKIUS LLP
/James H. McMackin.III
1701 MARKET STREET
PHILADELPHIA , PA 19103-2921,**

**David H. Williams
Morris James LLP,
500 Delaware Avenue, Suite 1500
P.O. Box 2306
Wilmington, Delaware 19899**

(49)

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

STEPHANIE LYNN FORD)
Plaintiff,)
v.)
CHRISTIANA CARE HEALTH)
SYSTEMS, RICHARD BURTON, AND)
CLARA CLARK)
DEFENDANTS.)
CIVIL ACTION NO. 06-301 (KAJ)

PLAINTIFF'S MOTION TO COMPEL AGAINST THE DEFENDANTS FOR FAILURE TO PRODUCE DOCUMENTS.

I the plaintiff STEPHANIE LYNN FORD filed this motion to compel against the defendants for failing to produce the following listed documents.

On October 2, 2006 at 8:34am , I requested DOCUMENT # 1 In letter form, the person or persons who authorized and is responsible for the termination of the plaintiff, STEPHANIE LYNN FORD employment status, employment benefits, and the reason for the employment termination at CHRISTIANA CARE HEALTH SYSTEMS. I the plaintiff, STEPHANIE LYNN FORD have enclosed what I have received from MORGAN, LEWIS & BOCKIUS LLP /KENDRA BAISINGER ATTORNEYS FOR THE DEFENDANTS. DOCUMENT D0195 AND D0196.

I the plaintiff am making a third attempt to retrieve Document # 1. Please see documents D0195 and D0196, which there is only one sheet of paper, I have enclosed a copy for the courts records. I the plaintiff, Stephanie Lynn Ford asked this Honorable Court to apply the law to these actions for failing to produce all of the information pertaining to these documents. PLEASE SEND ME ALL OF THE DOCUMENTS THAT I REQUESTED.

In Document # 2, I the plaintiff asked the defendant to Please produce all information pertaining to my Pension Benefits from the defendants, Christiana Care Health Systems. The defendants again only sent me one sheet of paper pertaining to the plaintiff Pension Benefits, which I have enclosed a copy for the courts records. I the plaintiff again am asking the court to apply the law to their actions for failure to produce the requested documents.

In Document # 3, I the plaintiff asked the defendant to Please produce all information pertaining to my medical benefits. The defendants failed to produce these documents, Kendra Baisinger sent me a great deal of papers through Federal Express, and after I reviewed the numerous pages of paperwork it is still not what I requested among all of the paperwork she sent me dated for October 2, 2006.

I the plaintiff, asked this Honorable Court to apply the law to these actions for failing to produce all of the medical benefits documents.

In Document # 4, I the plaintiff, asked the defendant to Please produce all information pertaining to my Life Insurance policy. The defendants refuse to forward me the information pertaining to the plaintiff's Life Insurance Policy. I have also enclosed the misprinted Beneficiary Designation Life Insurance / Personal

Accident Insurance Form, which I received from Morris, James, Hitchen & Williams / Morgan, Lewis & Bockius LLP/ Kendra L. Baisinger. I have also filed a motion to compel against Unum Life Insurance Company Of America for failing to produce the Life Insurance Policy along with three other documents, which I requested from Unum back in May 16, 2006 at 8: 33am. I the plaintiff asked this Honorable Court to apply the Law for their action in failing to produce the documents that I have requested. The defendants only sent me 2 sheets of paper, bates labeled D0011 Beneficiary Designation Life Insurance / Personal Accident Insurance, with the Plaintiff 's name spelled incorrectly and page 2 bates labeled D0012 Beneficiary Designation Form, there is only one check mark on the paper. I have enclosed a copy for the Courts Records. I asked this Honorable Court to apply the Law to the defendants actions.

In Document # 5, I the plaintiff asked the defendants to Please produce all information pertaining to the plaintiff's personal accident insurance from the Defendant, Christiana Care Health Systems from August 1987 to October 28, 2003. Please refer to bates labeled D0011 and D0012. The defendants is refusing to gives me these documents as well. I asked this Honorable Court to apply the Law to their actions.

In Document # 6, I the plaintiff asked the defendants to Please produce all information pertaining to the Plaintiff's Dental Insurance Coverage from the Defendant, Christiana Care Health Systems from August 1987 to October 28, 2003. The Defendants refuse to forward the plaintiff the requested Dental Insurance information. I the plaintiff asked this Honorable Court to apply the Law against them for refusing to produce the Dental Insurance Information.

In Document # 7, I the plaintiff asked the defendants to Please produce all information pertaining to the Plaintiff's Long Term Disability Benefits from the Defendants, Christiana Care Health Systems from August 1987 to October 28, 2003. The Defendants refuse to provide me with all Long-Term Disability Benefits Information. I asked this Honorable Court to apply the Law to their actions.

I the plaintiff want to inform the Court that most of the documents that I the plaintiff Stephanie Lynn Ford is receiving from the defendants are not the documents I requested. I would like to obtain these Documents to be able to answer the Memorandum Opinion Order dated December 6, 2006, time 2:01pm. I asked this Honorable Court to Grant Plaintiff's Motion To Compel.

Stephanie L. Ford
STEPHANIE LYNN FORD
19 ALBANY AVE.
NEWCASTLE, DELAWARE 19720
DECEMBER 13, 2006

**TO: MORGAN, LEWIS & BOCKIUS LLP
MS. KENDRA L. BAISINGER
1701 MARKET STREET
PHILADELPHIA, PA 19103-2921**

**FROM: STEPHANIE LYNN FORD
19 ALBANY AVE.
NEWCASTLE, DELAWARE 19720
NOVEMBER 20, 2006**

**RE: FORD v. CHRISTIANA CARE HEALTH SYSTEMS,
RICHARD BURTON, and CLARA CLARK, C.A. NO. 06-301 (KAJ)**

DEAR MS. BAISINGER

PER TELEPHONE CONVERSATION, I STEPHANIE LYNN FORD AM MAKING A SECOND ATTEMPT TO RETRIEVE THE FOLLOWING DOCUMENTS. PLEASE MAIL ME THE LISTED DOCUMENTS NO LATER THAN DECEMBER 6, 2006. OTHERWISE, I HAVE NO OTHER CHOICE BUT TO FILE A MOTION TO COMPELL WITH THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE.

DOCUMENT # 1. IN LETTER FORM, THE PERSON OR PERSONS WHO AUTHORIZED AND IS RESPONSIBLE FOR THE TERMINATION OF THE PLAINTIFF, STEPHANIE LYNN FORD EMPLOYMENT STATUS, EMPLOYMENT BENEFITS, AND THE REASON FOR THE EMPLOYMENT TERMINATION AT CHRISTIANA CARE HEALTH SYSTEMS.

DOCUMENT # 2. PLEASE PRODUCE ALL INFORMATION PERTAINING TO THE PLAINTIFF'S PENSION BENEFITS FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS FROM AUGUST 1987 TO OCTOBER 28, 2003.

DOCUMENT # 3. PLEASE PRODUCE ALL INFORMATION PERTAINING TO THE PLAINTIFF'S MEDICAL BENEFITS FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS FROM AUGUST 1987 TO OCTOBER 28, 2003.

DOCUMENT # 4. PLEASE PRODUCE ALL INFORMATION PERTAINING TO THE PLAINTIFF'S LIFE INSURANCE FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS FROM AUGUST 1987 TO OCTOBER 28, 2003.

DOCUMENT # 5. PLEASE PRODUCE ALL INFORMATION PERTAINING TO THE PLAINTIFF'S PERSONAL ACCIDENT INSURANCE FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS FROM AUGUST 1987 TO OCTOBER 28, 2003.

DOCUMENT # 6. PLEASE PRODUCE ALL INFORMATION PERTAINING TO THE PLAINTIFF'S DENTAL INSURANCE COVERAGE FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS FROM AGUST 1987 TO OCTOBER 28, 2003.

DOCUMENT # 7. PLEASE PRODUCE ALL INFORMATION PERTAINING TO THE PLAINTIFF'S LONG TERM DISABILITY BENEFITS FROM THE DEFENDANT, CHRISTIANA CARE HEALTH SYSTEMS FROM AUGUST 1987 TO OCTOBER 28, 2003.

SINCERELY,

Stephanie L. Ford 11/20/04
STEPHANIE LYNN FORD
19 ALBNY AVE.
NEWCASTLE, DELAWARE 19720

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

STEPHANIE LYNN FORD,)	
)	
Plaintiff,)	
)	Consolidated
v.)	Civil Action No. 06-301 KAJ
)	Civil Action No. 06-458-KAJ
CHRISTIANA CARE HEALTH)	
SYSTEMS, RICHARD BURTON, and)	
CLARA CLARK,)	
)	
Defendants.)	

**DEFENDANTS' RESPONSES AND OBJECTIONS TO
PLAINTIFF'S SUPPLEMENTAL REQUEST FOR PRODUCTION
DATED NOVEMBER 20, 2006**

Defendant Christiana Care Health Systems ("Christiana Care"), Richard Burton, and Clare Clark (collectively "Defendants"), by and through their attorneys, hereby respond and object to Plaintiff Stephanie Ford's ("Plaintiff") Supplemental Request for Production dated November 20, 2006 in accordance with the numbered paragraphs set forth below.

In furnishing these responses, Defendants do not admit or concede the relevance, materiality, or admissibility in evidence of the information provided. All objections to the use of such information, at trial or otherwise, are expressly reserved. Defendants incorporate their General Objections from Defendants' First Responses and Objections to Plaintiff's First Request for Production of Documents, and responds to Plaintiff's requests as follows:

SPECIFIC OBJECTIONS AND RESPONSES

(In addition to all applicable General Objections set forth above)

1. In letter form, the person or persons who authorized and is responsible for the termination of the Plaintiff, Stephanie Lynn Ford employment status, employment benefits, and the reason for the employment termination at Christiana Care Health Systems.

Answer: In addition to their General Objections, Defendants object to this Request because it is vague and ambiguous, and imposes obligations greater than and inconsistent with those provided for in the Federal Rules of Civil Procedure. Subject to and without waiving any objections, please see documents D0195 and D0196, attached hereto, which may provide you with additional information. Defendants have produced all responsive, non-privileged documents to the extent such documents exist and have been located.

2. Please produce all information pertaining to Plaintiff's pension benefits from the defendant, Christiana Care Health Systems from August 1987 to October 28, 2003.

Answer: In addition to their General Objections, Defendants object to this Request because it is overbroad, vague, and ambiguous. Subject to and without waiving any objections, in addition to the documents that Defendants produced in their first document production, please see document D0197, attached hereto. Defendants have produced all responsive, non-privileged documents to the extent such documents exist and have been located. Furthermore, we have served a subpoena (which you have received a copy of) on Lincoln National Life Insurance Company requesting documents relating to your benefit plans. We will send you a copy of any documents that are produced in response to the subpoena.

3. Please produce all information pertaining to the Plaintiff's medical benefits from the defendant, Christiana Care Health Systems from August 1987 through October 28, 2003.

Answer: In addition to their General Objections, Defendants object to this Request because it is overbroad, vague and ambiguous. Subject to and without waiving any objections, Defendants

have already produced all responsive, non-privileged documents to the extent such documents exist and have been located.

4. Please produce all information pertaining to the Plaintiff's life insurance from the Defendant, Christiana Care Health System from August 1987 to October 28, 2003.

Answer: In addition to their General Objections, Defendants object to this Request because it is overbroad, vague, and ambiguous. Subject to and without waiving any objections, Defendants have already produced all responsive, non-privileged documents to the extent such documents exist and have been located.

5. Please produce all information pertaining to the Plaintiff's personal accident insurance from the Defendant, Christiana Care Health Systems from August 1987 to October 28, 2003.

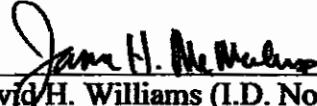
Answer: In addition to their General Objections, Defendants object to this Request because it is overbroad, vague, and ambiguous. Subject to and without waiving any objections, Defendants have already produced all responsive, non-privileged documents to the extent such documents exist and have been located.

6. Please produce all information pertaining to the Plaintiff's dental insurance coverage from the Defendant, Christiana Care Health Systems from August 1987 to October 28, 2003.

Answer: In addition to their General Objections, Defendants object to this Request because it is overbroad, vague, and ambiguous. Subject to and without waiving any objections, Defendants have already produced all responsive, non-privileged documents to the extent such documents exist and have been located.

7. Please produce all information pertaining to the Plaintiff's long term disability benefits from the Defendant, Christiana Care Health Systems from August 1987 to October 28, 2003.

Answer: In addition to their General Objections, Defendants object to this Request because it is overbroad, vague, and ambiguous. Subject to and without waiving any objections, Defendants have already produced all responsive, non-privileged documents to the extent such documents exist and have been located. Furthermore, we have served Unum Life Insurance Company of America with a subpoena (which you have received a copy of) requesting documents related to your long term disability policy. We will send you a copy of any documents that are produced in response to this subpoena.



David H. Williams (I.D. No. 616)
James H. McMackin, III (I.D. No. 4284)
MORRIS JAMES LLP
500 Delaware Ave., Suite 1500
P.O. Box 2306
Wilmington, DE 19899-2306
302.888.6900
dwilliams@morrisjames.com
jmc mackin@morrisjames.com

Michael J. Ossip (admitted pro hac vice)
Thomas S. Bloom (admitted pro hac vice)
Kendra L. Baisinger (admitted pro hac vice)
MORGAN, LEWIS & BOCKIUS LLP
1701 Market Street
Philadelphia, PA 19103
215.963.5543

Attorneys for Defendants

Dated: December 1, 2006

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

STEPHANIE LYNN FORD,)
Plaintiff,)
v.) Civil Action No. 06-301 (KAJ)
CHRISTIANA CARE HEALTH)
SYSTEMS, RICHARD BURTON, and)
CLARA CLARK,)
Defendants.)

U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2006 OCT -2 AM 8:34

REQUEST TO PRODUCE DOCUMENTS

I THE PLAINTIFF, STEPHANIE LYNN FORD, PRO-SE, HEREBY RESPECTFULLY
AM REQUESTING THIS HONORABLE COURT, TO GRANT THE PLAINTIFF'S REQUEST
TO OBTAIN THE FOLLOWING LISTED DOCUMENTS FROM THE DEFENDANTS, CHRISTIANA
CARE HEALTH SYSTEMS, RICHARD BURTON, and CLARA CLARK,

1. Plaintiff, Stephanie Lynn Ford, resides at 19 Albany Ave. Newcastle, Delaware 19720
2. Defendants, CHRISTIANA CARE HEALTH SYSTEMS, RICHARD BURTON, and
CLARA CLARK, / DAVID H. WILLIAMS (# 616) MORRIS, JAMES , HITCHENS &
WILLIAMS LLP 222 Delaware Ave., 10th Floor P.O. Box 2306 Wilmington, De. 19899

DOCUMENT #1. IN LETTER FORM, THE PERSON OR PERSONS WHO AUTHORIZED
AND IS RESPONSIBLE FOR THE TERMINATION OF ALL THE PLAINTIFF'S
STEPAHNIE LYNN FORD EMPLOYMENT BENEFITS AND EMPLOYMENT
STATUS, AND THE REASON FOR THE TERMINATION.

DOCUMENT #2. PLEASE PRODUCE ALL INFORMATION PERTAINING TO MY
PENSION BENEFITS FROM THE DEFENDANT, CHRISTIANA CARE
HEALTH SYSTEMS.

DOCUMENT # 3. PLEASE PRODUCE ALL INFORMATION PERTAINING TO MY
MEDICAL BENEFITS.

DOCUMENT # 4. PLEASE PRODUCE ALL INFORMATION PERTAINING TO MY
LIFE INSURANCE POLICY.

DOCUMENT #5. PLEASE PRODUCE ALL INFORMATION PERTAINING TO MY
PERSONAL ACCIDENT INSURANCE.

DOCUMENT # 6. PLEASE PRODUCE ALL INFORMATION PERTAINING TO MY
DENTAL INSURANCE COVERAGE.

DOCUMENT # 7. PLEASE PRODUCE ALL INFORMATION PERTAINING TO MY
LONG TERM DISABILITY BENEFITS.

SINCERELY,
Stephanie L. Ford
STEPHANIE LYNN FORD
19 ALBANY AVE.
NEWCASTLE, DELAWARE 19720
OCTOBER 2, 2006

CC: David H. Williams (#616)
MORRIS, JAMES, HITCHENS &
WILLIAMS LLP

PF:

CERTIFICATE OF SERVICE

THE UNDERSIGNED HEREBY CERTIFIES
THAT COPIES OF THE FOREGOING
WERE CAUSED TO BE SERVED THIS
2ND DAY OF OCTOBER 2006, UPON THE
FOLLOWING IN THE MANNER INDICATED:

U.S. CERTIFIED MAIL

DAVID H. WILLIAMS (#616)
MORRIS, JAMES, HITCHENS & WILLIAMS LLP
222 DELAWARE AVE., 10TH FLOOR
P.O.BOX 2306
WILMINGTON, DE 19899



CHRISTIANA CARE

**LIFE INSURANCE
PROGRAM**

**FULL TIME
EMPLOYEES**

**Human Resources: Benefits/Records Office
(302) 428-5794**

BENEFITS AT A GLANCE

LIFE INSURANCE PLAN

This life insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death. The amount your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death according to the terms and provisions of the plan.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE: January 1, 1999

PLAN YEAR:

January 1, 1999 to January 1, 2000 and each following January 1 to January 1

IDENTIFICATION

NUMBER: 530503 011

ELIGIBLE GROUP(S):

All full-time employees in active employment

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 80 hours per two week pay period.

WAITING PERIOD:

For employees in an eligible group on or before January 1, 1999: First of the month following 90 days of continuous active employment

For employees entering an eligible group after January 1, 1999: First of the month following 90 days of continuous active employment

REHIRE:

If your employment ends and you are rehired within 6 months, your previous work while in an eligible group will apply toward the waiting period. Your coverage will begin on the first of the month following date of rehire. All other Summary of Benefits' provisions apply.

WHO PAYS FOR THE COVERAGE:

Basic Benefit:

Your Employer pays the cost of your coverage.

Additional Benefit:

Your Employer pays for the cost of 1x your annual earnings, you pay the cost of any amount over 1x your annual earnings.

ELIMINATION PERIOD:

All Executives

Premium Waiver: 90 days

Disability-based benefits begin the day after Unum approves your claim and the elimination period is completed.

CHRISTIANA CARE

Beneficiary Designation Form

Page 2

PERSONAL ACCIDENT INSURANCE BENEFICIARY DESIGNATION
Full Time employees only (IF APPLICABLE)

Please choose ONE option only:

OPTION 1: SAME AS LIFE INSURANCE BENEFICIARY

OR:

OPTION 2: Name specific beneficiary(ies) (Please Print)

Name: _____

Address: _____

Percentage: * _____ Relationship** _____ Age: (if minor) _____

Name: _____

Address: _____

Percentage: * _____ Relationship** _____ Age: (if minor) _____

Name: _____

Address: _____

Percentage: * _____ Relationship** _____ Age: (if minor) _____

*Total percentage should not equal more than 100.

**Relationship codes (see other side)

**PLEASE COMPLETE AND RETURN TO THE BENEFITS/RECORDS SECTION,
HUMAN RESOURCES DEPT., WILMINGTON HOSPITAL**



4755 Ogletown-Stanton Road
PO Box 6001
Newark, Delaware 19718-6001

302-733-1000

April 19, 2004

Stephanie Ford
19 Albany Ave.
New Castle, DE 19720

Dear Stephanie:

As a follow-up to our telephone conversation this morning, I am writing to you concerning your current leave of absence. Christiana Care's leave of absence policy provides a twenty-four week maximum for leave of absence in a 12 month period for medical reasons. You have reached this twenty-four week limit as of 04/13/04, therefore it will be necessary to remove you from Christiana Care's payroll effective this date.

If you are covered under Christiana care's long term disability plan, you should contact Debra Lewis at 428-5764 so that paperwork can be forwarded to you to apply for this benefit. Your removal from payroll will have no effect on any benefit you may qualify for under the disability plan. Following your termination from payroll, you will receive a notice which outlines your right to convert life insurance and to continue health and dental coverage and the rate you will be required to pay to maintain coverage. If you have any questions about benefit coverage, please contact Benefits at 428-5794.

If you receive clearance in the near future to return to work, you are welcome to re-apply for a position through the Employment Section of the Human Resources department. The Employment Section will attempt to place you based upon your qualifications in light of available vacancies. If it is possible to place you in a position at a later date, you may be entitled to have prior full time service restored. To discuss this, please contact me at 733-1120.

On behalf of Christiana Care, I would like to thank you for your years for service to Christiana Care Health Services. We are sorry that you are not able to continue work at this time.

Please do not hesitate to contact me with any additional questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Athanita Warner".

Athanita Warner
Employee Relations Assistant

PENSION INFORMATION

DATE NOVEMBER 14, 2006

NAME OF PENSIONER: STEPHANIE FORD

SOCIAL SECURITY NO: 222-36-5931

DATE OF BIRTH: 02/16/1962 POSITION: CLERK III

DEPARTMENT/DIVISION: X-RAY - WILMINGTON

EMPLOYMENT DATE: 08/24/1987

SEVERANCE FROM SERVICE DATE: 04/13/2004

RETIREMENT DATE: 03/01/2027

TYPE OF RETIREMENT: TERMINATED VESTED

DATE PAYMENTS COMMENCE: 03/01/2027

PARTICIPATION DATE: 07 MOS 24 DAYS PT

CREDITED SERVICE: 15 YRS 11 MOS 25 DAYS PT (.16267)

FINAL AVERAGE EARNINGS (Monthly) \$2127.14

SETTLEMENT OPTION: ---

ANNUAL AMOUNT: \$4671.24

MONTHLY INCOME: \$389.27

AGE AT TERMINATION: 42 YRS 01 MOS 27 DAYS

NRD: 03/01/2027

CERTIFICATE OF SERVICE

THE UNDERSIGNED HEREBY CERTIFIES

THAT COPIES OF THE FOREGOING

WERE CAUSED TO BE SERVED THIS

13th Day December 2006, UPON THE

FOLLOWING IN THE MANNER INDICATED:

U.S. REGULAR MAIL

MORGAN, LEWIS & BOCKIUS LLP

MS. KENDRA BAISINGER

1701 MARKET STREET

PHILADELPHIA , PA 19103-2921

CERTIFICATE OF SERVICE

THE UNDERSIGNED HEREBY CERTIFIES

THAT COPIES OF THE FOREGOING

WERE CAUSED TO BE SERVED THIS

28, MARCH 2008 UPON THE

FOLLOWING IN THE MANNER INDICATED

U.S. CERTIFIED MAIL

MORGAN, LEWIS & BOCKIUS LLP.

MR. JAMES H. McMACKIN III

1701 MARKET STREET

PHILADELPHIA, PA. 19103-2921

MORRIS JAMES LLP.

MR. DAVID H. WILLIAMS

500 DELAWARE AVENUE, SUITE 1500

P.O.BOX 2306

WILMINGTON, DELAWARE 19899